

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000581

1. Entity Name

ST. JOHN'S PRESBYTERIAN CHURCH OF ORLANDO, FLORI

Principal Place of Business

Mailing Address

800 JAMAJO BLVD  
ORLANDO FL 32803

800 JAMAJO BLVD  
ORLANDO FL 32803-4331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2251424

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ESTRADA, LUIS  
254 ROBIN ROAD  
ALTAMONTE SPRINGS FL 32701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, ALLEN 2825 SILVER SPUR LANE ORLANDO FL 38807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sundden, Phil R 1321 Truman Rd Orlando FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILAS, JEAN 414 EAST PINE STREET ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aruch Paul L 2142 Bonanza Ave Winter Park FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESTRADA, LUIS 254 ROBIN ROAD ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Virginia Totten 905 Jamaro Blvd Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DOROTHY 100 EAST ANDERSON STREET, APT. 1001 ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirley Turner 901 Jamaro Blvd Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNARD, JUANITA 2625 NEN ROAD ORLANDO FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JOHNNIE 3237 KNOTT PINE AVE. WINTER PARK FL 38712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

4714-00

FILED  
Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90081 050 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)