

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90072 050 \*\*\*\*70.00

**DOCUMENT # N97000000581**

1. Entity Name

**ST. JOHN'S PRESBYTERIAN CHURCH OF ORLANDO, FLORI**

Principal Place of Business

**800 JAMAJO BLVD  
 ORLANDO FL 32803**

Mailing Address

**800 JAMAJO BLVD  
 ORLANDO FL 32803**

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

**ESTRADA, LUIS  
 254 ROBIN ROAD  
 ALTAMONTE SPRINGS FL 32701**

Name

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

City

**FL**

Zip Code

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **QUINN, ALLEN**  
 CITY-ST-ZIP **2825 SILVER SPUR LANE  
 ORLANDO FL 38807**

TITLE ☐ Change ☒ Addition  
 NAME **Unick Paul L.**  
 STREET ADDRESS **2142 Bonanza Ave**  
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DILAS, JEAN**  
 CITY-ST-ZIP **414 EAST PINE STREET  
 ORLANDO FL 32801**

TITLE ☐ Change ☒ Addition  
 NAME **Virginia Testen**  
 STREET ADDRESS **905 Jamajo Blvd**  
 CITY-ST-ZIP **Orlando FL 32803**

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **ESTRADA, LUIS**  
 CITY-ST-ZIP **254 ROBIN ROAD  
 ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☒ Addition  
 NAME **Sherley Turner**  
 STREET ADDRESS **901 Jamajo Blvd**  
 CITY-ST-ZIP **Orlando FL 32803**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **HENDERSON, DOROTHY**  
 CITY-ST-ZIP **100 EAST ANDERSON STREET, APT. 1001  
 ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **KINNARD, JUANITA**  
 CITY-ST-ZIP **2625 NEN ROAD  
 ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **D**  
 STREET ADDRESS **PERRY, JOHNNIE**  
 CITY-ST-ZIP **3237 KNOTT PINE AVE.  
 WINTER PARK FL 38712**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)