

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 700304 (9)**  
1. Corporation Name  
**EAST ORLANDO BAPTIST CHURCH HOLDING COMPANY, INC**



Principal Place of Business Mailing Address  
**8287 CURRYFORD ROAD ORLANDO FL 32822**

3. Date Incorporated or Qualified **12/28/1959** 3a. Date of Last Report **01/20/1995**  
4. FEI Number **70-0304581** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**SEMON, JAMES**  
**8287 CURRY FORD RD**  
**ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
81 Name **Bob Mueller**  
82 Street Address (P.O. Box Number is Not Acceptable) **8287 Curry Ford Road**  
83  
84 City **Orlando,** FL 85 Zip Code **32822**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ROBERT C. MUELLER, TREASURER** *Robert Mueller* **2-19-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGGUS, FRANK</b>	1.2 NAME	<b>Harold Cecil</b>
STREET ADDRESS	<b>1725 BALDWIN DRIVE</b>	1.3 STREET ADDRESS	<b>8034 Snapper Trail</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL. 32822</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, PATRICIA</b>	2.2 NAME	<b>Michelle Oliver</b>
STREET ADDRESS	<b>7517 FINCASTLE WAY</b>	2.3 STREET ADDRESS	<b>1418 Francis Ave.</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL. 32806</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYETTE, BOB</b>	3.2 NAME	
STREET ADDRESS	<b>2819 DELLWOOD DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMON, JAMES</b>	4.2 NAME	<b>Chris Brown</b>
STREET ADDRESS	<b>3207 CURRY WOODS CIR.</b>	4.3 STREET ADDRESS	<b>3106 S. Chickasaw Trail</b>
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL. 32829</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSTELLER, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1041 GELLWOOD AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Mueller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT C. MUELLER, TREASURER**  
Date **2-19-96** Daytime Phone #

CR2E037 (12/95)