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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

702263

(5)

## CHAPEL HILL BAPTIST CHURCH INCORPORATED

Principal Place	of Business	Mailing Address	Mailing Address			T I O DATA FERDAS REDATO FIGUR FIRM OF THE AND DIRECT BROWN DIRECT BROWN DIRECT BROWN
8826 TREVARTHON ROAD ORLANDO FL 32817		8826 TREVARTHON ROAD ORLANDO FL 32817-4021				
						3. Date Incorporated or Qualified
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied by Not Applie
21 Suite, Apt. 4	# oto	Suite, Apt. #, etc.	····		<del></del>	AO 75 A LIVI
22		27				5. Certificate of Status Desired Fee Required
City & State	<b>;</b>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip Country		Zip Country			This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
VICKERS, TED				82	Street Ad	dress (P.O. Box Number is Not Acceptable)
	Veron ave. O Fl 32817			83		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
OHDHO	O 1 L 02011			84	City	■■ 85 Zip Code
					•	<b>FL</b>   ~
office or re	o the provisions of Sections 617.0502 egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was	authorize	id by	the corpor.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE _	Signature typed or printed name of registered ager	u and title if applicable (NV)	TE: Begietore	d Ana	al signature rea	ruired when reinstaiing) DATE
12.	OFFICERS AND		13.		in edirema ted	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T			Change Addition
NAME	JACKSON, CLYDE W. J		1.2 N	AME		
STREET ADDRESS	3739 ROUSE RD.		1.3 S	TAEET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 0	ITY-S	T-ZIP	
TITLE	T	DELETE	2.1 T	ITLE		☐ Change ☐ Addition
NAME	MCCULLOUGH, HOWARD K		2.2 N	IAME		
STREET ADDRESS	4205 WATER MILL AVENUE				ADDRESS	
CITY-ST-ZIP	ORLANDO FL SD	DELETE	2. 4 CiTY- 3.1 TiTLE		ST-ZIP	Change Addition
TITLE NAME	TAYLOR, ESTON	☐ DECEIE	3.1 J 3.2 N		ŀ	Li cialige Li Audilion
STREET ADDRESS	2515 HARRELL RD.				ADDRESS	•
CITY-ST-ZIP	ORLANDO, FL 00000			CITY-S	Į.	
TITLE	С	☐ DELETE	4.1 T		,, 2,,	☐ Change ☐ Addition
NAME	LLOYD, SIDNEY E.		4.21	NAME		
STREET ADDRESS	2433 HARRELL RD.		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	ORLANDO, FL;.		4.4 0	ITY-S	T-ZIP	
TITLE	D	☐ DELEYE	5.1 T	ITLE		☐ Change ☐ Addition
NAME	VICKERS, TED		5.2 N	IAME		
STREET ADDRESS	8202 ALVERNON AVE				ADDRESS	•
CITY-ST-ZIP	ORLANDO FL 32817	☐ DELETE	_	ITY-S	T-ZIP	☐ Change ☐ Addition
NAME I			6.1 T			L clarge L Addition
STREET ADDRESS				IAME TOCCT	ADORESS	
CITY-ST-ZIP				ITY-S		
14. I do hereb	by certify that the information supplied	with this filing does not qua	lify for the	exe	mption state	ed in Section 119.07(3)(i), 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: Zel Vickers HITAA VICKERSD

1-26-97

407-671-7868

**FILED** 

Feb 04 1997 8:00am

Secretary of State