SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90015 046 ****61.25

000915

DOCUMENT # 705543

1. Corporation Name
WEST ORANGE PARK COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
102 E. MAPLE STREET POST OFFICE BOX 1277 WINTER GARDEN FL 34787-3637	102 E. MAPLE STREET POST OFFICE BOX 1277 WINTER GARDEN FL 34787-3637

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 9929 Clarcona-Ocoee Rd	26 9929 Clarcona-Ocoee Rd.	04/30/1963
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2878590 ☐ Applied For ☐ Not Applicable
23 City & State: Apopka, FL	28 City & State: Apopka, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 32703 25 Country: USA	29 Zip: 32703 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASHBURN, ERIC S. 102 EAST MAPLE STREET WINTER GARDEN FL 32787	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	Director	☐ Change XX Addition
NAME	HOWELL, CURTIS WAYNE		1.2 NAME	Shirley R. Rice	
STREET ADDRESS	ADAIR ST.		1.3 STREET ADDRESS	6410 Summit Drive	
CITY-ST-ZIP	OCOEE FL		1.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	STD	☑ DELETE	2.1 TITLE	Treasurer	☐ Change XX Addition
NAME	HOWELL, SYBIL		2.2 NAME	William R. Rice	
STREET ADDRESS	HARRIS STREET		2.3 STREET ADDRESS	6410 Summit Drive	
CITY-ST-ZIP	OCOEE FL		2.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	T	☐ DELETE	3.1 TITLE	Secretary	☐ Change XX Addition
NAME	HOWELL, ORANCE		3.2 NAME	Hazel Bass	
STREET ADDRESS	INGRAM RD.		3.3 STREET ADDRESS	1304 Mona Court	
CITY-ST-ZIP	OCOEE, CL		3.4 CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CUMMING, BILLY RAY		4.2 NAME		
STREET ADDRESS	54 W SUMMITT ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Hazel Bass Secretary **SIGNATURE REQUIRED** Hazel Bass 7/1/99 407 656 5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)