FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

705919

(9)

DOCUMENT # CARTER TABERNACLE CHRISTIAN METHODIST EPISCOPAL CHURCH, INC. Principal Place of Business Mailing Address 1 SOUTH COTTAGE HILL RD. 1 SOUTH COTTAGE HILL RD. 3. Date Incorporated or Qualified ORLANDO FL 32805 ORLANDO FL 32905 01/13/1972 4. FEt Number Applied For **NOT APPLICABLE** Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 囡 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No Zip Country 8. This corporation owes or has paid the current year intangible 24 Personal Property Tax due June 30. 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PERRY, JAMES E. C. 82 Street Address (P.O. Box Number is Not Acceptable) **605 EAST ROBINSON STREET** 83 THE DAY BUILDING ORLANDO FL 32801 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, or both purposes of the appointment as registered agent.

agent. I am raminar with, and accept the obligations of, Section 617.0003, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating). DATE						
12.	OFFICERS AND DIRECTORS		13.		OFFICERS AND DIRECTOR	S IN 12
TITLE	PD	ELETE	1.1 TITLE		Change	☐ Addition
NAME	ZAK, RODERICK		1.2 NAME			
STREET ADDRESS	7052 HENNEPIN AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP			
TITLE	TD	ELETE	2.1 TITLE		Change	Addition
NAME	Burnett, allen		2.2 NAME			
STREET ADDRESS	705 COOKMAN		2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP			
TITLE	SD 🗆 🗆 t	DELETE	3.1 TITLE		☐ Change	Addition
NAME	Settles, Ruth		3.2 NAME			
STREET ADDRESS	1801 PETTERSON AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP			
TITLE	D	ELETE	4.1 TITLE		☐ Change	Addition
NAME	HENRY, WILLIAM		4. 2 NAME			
STREET ADDRESS	4425 MALIBU STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY - ST-ZIP			
TITLE	D	XELETE .	5.1 TITLE		Change	☐ Addition
NAME	Bentley, James		5.2 NAME			
STREET ADDRESS	1005 RED DANDY DRIVE		5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP			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 changes or on an attachment with an address.

SIGNATURE:

3-/7-98

SIGNATURE:

FILED

Mar 30 1998 8:00am

Secretary of State