

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 707332 (3)

1. Corporation Name
LANDMARK BAPTIST CHURCH INC.



Principal Place of Business Mailing Address
400 S. ORLANDO AVE. MAITLAND FL 32751 US

3. Date Incorporated or Qualified **05/22/1964** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** P.O. BOX 680065
22 City & State **27** Suite, Apt. #, etc.
23 City & State **28** ORLANDO, FLORIDA
24 Zip **25** Country **29** 32868-0065 **30** US

4. FEI Number **59-3170438** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORREST, JERRY R.
4591 CHARLEEN TERRACE
ORLANDO FL 32808**

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 **JERRY FORREST P.D.**

Jerry Forrest

4/23/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOONTZ, HARRY	1.2 NAME	FRANCES A. FORREST
STREET ADDRESS	5617 CLEARVIEW DR.	1.3 STREET ADDRESS	4591 CHARLEEN TERRACE
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO, FLORIDA
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKS, JUDY	2.2 NAME	JAMES ALEX THOMPSON
STREET ADDRESS	807 GRANDVIEW AVE	2.3 STREET ADDRESS	1428 LAKE SHORE DRIVE
CITY - ST - ZIP	ALTAMONTE SPRNGS FL	2.4 CITY - ST - ZIP	CASSELBERRY, FLORIDA
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, JERRY R.	3.2 NAME	
STREET ADDRESS	4591 CHARLEEN TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, FRANK	4.2 NAME	
STREET ADDRESS	622 WYMORE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, JAMES	5.2 NAME	
STREET ADDRESS	2519 CHANTILLY AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRANK	6.2 NAME	
STREET ADDRESS	3 SOUTH BUENA VISTA	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	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: **JERRY FORREST**

Jerry Forrest

4/23/96

407-299-6044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #

CR2E037 (12/95)