## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N11689**

1. Corporation Name

ORANGE LAKE BAPTIST CHURCH, INC.

		•			'.	•	
19130 53RD TERRACE P.O. BOX 227 ORANGE LAKE FL 32681		19130 53RD TERRACE P.O. BOX 227 ORANGE LAKE FL 32681					
—	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	<del>,</del>	
21	,	26			10/21/1985		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For
22		27			59-2349930	No	t Applicable
City & Sta	ate	City & State			5. Certifcate of Status Desired	\$8.75 /	
23		28			5. Certificate of Status Desired	Fee Re	quired
Zip	Country	Zip Country		ntry	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added t	
	9. Name and Address of Curr	ent Registered Agent			<ol><li>Name and Address of New Registe</li></ol>	red Agent	
	· ·	*		81 Name			٠
WILLIAMS	S. FRANK	· •		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	191ST PLACE	+		OZ Street Au	diess (F.O. Box Number is not Acceptable)	•	
	LAKE FL 32681			83			
ORANGE	LANE PL 32001					·	
				84 City		E 1 85 Zip (	Code
11 Pureuset	t to the provisions of Sections 617.0	502 and 617 1508 Florida State	ites the al	hove-named cou	moration submits this statement for the nurnes	e of changing its	registered.
office or	registered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the corpora	poration submits this statement for the purpos tion's board of directors, I hereby accept the a	ppointment as re	gistered (
agent. I	am familiar with, and accept the oblig	gations of, Section 617.0503, FI	orida Statı	utes.	CONTROL FOR THE PRESENT AND	STA 186 FLAN STA 1864	gri getit kenk
SIGNATURE		illiano					
12.		• .,		Agent signeture requi		E	
		NID DIDECTORS	111		ADDITIONS/CHANGES TO DEFICERS	S AND DIRECTO	RS IN 12
TITLE		AND DIRECTORS	13.	ne l	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	AND DIRECTORS	1.1 177	1	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO  Change	RS IN 12
NAME	PD WILLIAMS, FRANK		1.1 T∏ 1.2 NA	ME	1,531,62,6		
	PD WILLIAMS, FRANK 5471 NW 191ST PLACE		1.1 T∏ 1.2 NA	1			
NAME STREET ADORESS CITY-ST-ZIP	PD WILLIAMS, FRANK 5 5471 NW 191ST PLACE ORANGE LAKE FL	☐ DELETE	1.1 T(1 1.2 NA 1.3 ST 1.4 C(1	ME REET ADORESS IY-ST-ZIP	1,531,62,6	Change	☐ Addition
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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.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90041 045 \*\*\*\*61.25