


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N19012 (6)**  
1. Corporation Name  
**ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC.**



Principal Place of Business Mailing Address  
**4505 N.COURTENAY PKWY.  
MERRITT ISLAND FL 32953** **4505 N.COURTENAY PKWY.  
MERRITT ISLAND FL 32953-7621**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **01/30/1987** 3a. Date of Last Report **02/02/1996**  
4. FEI Number **59-2771965** 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  
**ELLIS, DELMAS R.  
525 CHASE HAMMOCK RD.  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILLENWATER, EDGAR</b>	
STREET ADDRESS	<b>6477 COLONY PARK DRIVE</b>	<i>ok</i>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, BRUCE</b>	
STREET ADDRESS	<b>1440 COX ROAD</b>	<i>ok</i>
CITY-ST-ZIP	<b>COCOA FL</b>	
TITLE	<b>D(P)</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, DELMAS</b>	
STREET ADDRESS	<b>540 CHASE HAMMOCK RD</b>	<i>ok</i>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CALDWELL, BILL</b>	
STREET ADDRESS	<b>445 SABAL DRIVE</b>	<i>←</i>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PRESIDENT</b>
3.3 STREET ADDRESS	<b>This is NOT A change OR Addition, To correct your MISTAKE</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>5026 Fleetwood Place</b>
4.4 CITY-ST-ZIP	<b>COCOA FL. 32926</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D RONALD PENN</b>
5.3 STREET ADDRESS	<b>1750 Dae Drive</b>
5.4 CITY-ST-ZIP	<b>MERRITT ISLAND FL. 32953</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **D. R. Ellis, President** 1-9-97 407 453-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020186

CR2E037 (9/96)