## **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

DOCUMENT #

N19012

(6)

ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC.

ORSIN	O BAPTIST CHURCH OF M	EHRII I ISLAND, INC.				
Principal Place of Business Mailing Address						
		4505 N.COURTENAY PKWY. MERRITT ISLAND FL 32953	4505 N.COURTENAY PKWY, MERRITT ISLAND FL 32953			3. Date Incorporated or Qualified
	10 12 02000	MESSATT TOLING TO VEGO	'			01/30/1987
ĺ						4. FEI Number Applied For
2. Principal F	Place of Business	2a. Mailing Address				59-277 1965   Not Applicable
21		26				5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 City & Stat	YA	City & State				Trust Fund Contribution
23		28			7. Is this nonprofit corporation a homeowne's association?	
Zip Country		Zip Country				
24	25	29	30			8. This corporation owes or has paid the current year intansible.  Personal Property Tax due June 30. T LT Yes V C No.
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
ELLIS, DELMAS R.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	ASE HAMMOCK RD. FISLAND FL 32953			83		
****	100 (10 ) 10 010 10		i		04.	lect 7: Oads
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es, the ai	bove	-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Fig	rida Stat	tutes.	the corporation.	on's board of directors, i nereby accept the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AND		E: Registered	d Agen	nt signature required	
TITLE	D OFFICERS AND	D DIRECTORS  DELETE	1,1 T/	m F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	GILLENWATER, EDGAR		1,2 NA			Li Vibrigo Li rissinon
STREET ADDRESS	6477 COLONY PARK DRIVE				ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL			ITY-ST-		
TITLE	V	DELETE	2.1 Ti		-24	Change Addition
NAME	WATSON, BRUCE		2.2 NA			
STREET ADDRESS	1440 COX ROAD		2.3 ST	TREET A	ADDRESS	
CITY-ST-ZIP	COCOA FL		2.4C	HY-ST	r- ZIP	
TITLE	DP	DELETE	3.1 TI7	i		Change Addition
NAME	ELLIS, DELMAS		3.2 NA	3.2 NAME		
STREET ADDRESS	540 CHASE HAMMOCK RD		3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIF	MERRITT ISLAND FL		3.4. CI	TY-ST	-ZIP	
TITLE	D	DELETE	4,1 717	TLE		Change Addition
NAME	CALDWELL, BILL		4. 2 N/	IAME		
STREET ADDRESS	5026 FLEETWOOD PLACE		4.3 ST	TREET A	ADDRESS	
CITY-ST-ZIF	COCOA FL	- Lacres		TY-ST-	-ZIP	
TITLE	D DOWN DOWN D	☐ DELETE	5.1 717			Change Addition
NAME	PENN, RONALD		5.2 NA	AME .	- 1	
STREET ADDRESS					- 1	
	1750 DEE DR		1		ADDRESS	
CITY-ST-ZIP		The stre	5.4 CIT	TY-ST-	1	Character Thereton
Tπle	1750 DEE DR	☐ DELETE	5.4 CIT 6.1 TIT	TY-ST- TLE	1	Change Addition
TITLE NAME	1750 DEE DR	☐ DELETE	5.4 CIT 6.1 TIT 6.2 NA	TY-ST- TLE AME	-ZiP	Change Addition
TITLE	1750 DEE DR	☐ DELETE	5.4 CIT 6.1 TIT 6.2 NA	TY-ST- TLE AME	1	Change Addition

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.

SIGNATURE:

DUSTINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98 407-

**FILED** 

Feb 06 1998 8:00am

Secretary of State

407-453-2244

R2E037 (10/97)