NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N19012 1. Corporation Name

ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC.



02-24-1999 90093 002 ****61.25

				•		
Principal Plac	ce of Business	Mailing Address			•	
4505 N.COURTENAY PKWY. 4505 N.COURTENAY F		4505 N.COURTENAY PKWY. MERRITT ISLAND FL 32953				
2. Principal P	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26		01/30/1987 4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-277196 5	Not Applicable	
City & Sta	te ·	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5,00 May Be	
24	25	29 3	0	Trust Fund Contribution	Added to Fees	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent	
			81 Name	SAME	r	
	ilmas R. Se Hammock RD. Island Fl 32953	CORRECTED Address	82 Street Add 5 40	iress (P.O. Box Number is Not Acceptable)	K Road	
	•	• .	84 City		FL 85 Zip Code	
44 5	4. 4b	02 and 617 1509. Elarida Statutos	the shove-named con	poration submits this statement for the numo	se of changing its registered	
office or	registered agent, or both, in the State	of Florida. Such change was auth	norized by the corporat	ion's board of directors. I hereby accept the	appointment as registered	
		ations of, Section 617 0503, Florid	a Statutes.	1-10	-99	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Ro	egistered Agent signature requir	red when reinstating) DA	ie –	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition	
NAME	GILLENWATER, EDGAR		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY+ST-ZIP TITLE	MERRITT ISLAND FL	T] DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition	
NAME	WATSON, BRUCE	_ OLLETE	2.2 NAME		- • -	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA FL		2. 4 CITY-ST-ZIP		<u> </u>	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	ELLIS, DELMAS		3.2 NAME			
STREET ADDRESS	010 012 102 12 11 11 11 11		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	MERRITT ISLAND FL	<u></u>	3.4. CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	CALDWELL, BILL		4.2 NAME	,		
STREET ADDRESS	0020 1 222111000 1 2 142		4.3 STREET ADDRESS			
TITLE	COCOA FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME	PENN, RONALD		5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE	MERRITT ISLAND FI		5.4 CITY-ST-ZIP			
TITLE	MERRITT ISLAND FL	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Additio	
NAME	MERRITT ISLAND FL	☐ DELETE			Change Additio	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

