2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am DOCUMENT # N19012 **Secretary of State** 1. Entity Name ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC. 02-03-2001 90074 004 ****61.25 Principal Place of Business Mailing Address 4505 N.COURTENAY PKWY. 4505 N.COURTENAY PKWY. MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2771965 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O.-Box-Number is Not Acceptable) -ELLIS: DELMAS R. 540 CHASE HAMMOCK RD MERRITT ISLAND FL 32953 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Addition ☐ Delete NAME GILLENWATER, EDGAR NAME 6477 COLONY PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WATSON, BRUCE NAME STREET ADDRESS 1440 COX ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL TITLE DP TITLE ☐ Addition Delete ☐ Change NAME. ELLIS, DELMAS, NAME STREET ADDRESS 540 CHASE HAMMOCK RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CALDWELL, BILL NAME STREET ADDRESS STREET ADDRESS **5026 FLEETWOOD PLACE** CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change TITLE ☐ Defete ☐ Addition NAME PENN, RONALD 1750 DEE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date