2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am secretary of State **DOCUMENT # N19012** 03-13-2002 90133 030 ****61 25 ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC. 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 4. FEI Number 59-2771965 Applied For City & State City & State Not Applicable Zip Country 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 ورسا متعصوب والصيحان المان المحتمد المان ELLIS, DELMAS R. Street Address (P.O. Box Number is Not Acceptable) 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 10. 11. (9/01) TITLE ☐ Delete TITLE Addition GILLENWATER, EDGAR NAME NAME Robert K. MARTIN 6477 COLONY PARK DRIVE STREET ADDRESS **CR2E037** STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP **√ /⊃** TITLE Delete TITLE Change Addition WATSON, BRUCE NAME NAME 1440 COX ROAD STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP of president TITLE Delete TITI F ≂ 🖃 : Change ÷ Addition ellis. Delmas NAME NAME 540 CHASE HAMMOCK RD STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change CALDWELL, BILL NAME NAME **5026 FLEETWOOD PLACE** STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE PENN, RONALD NAME MAME 1750 DEE-DR STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

President 2-23-02 321-453-3111 SIGNATURE

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