


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90269 012 ****70.00

DOCUMENT # N19012

1. Entity Name
 ORSINO BAPTIST CHURCH OF MERRITT ISLAND, INC.



Principal Place of Business
 4505 N.COURTENAY PKWY.
 MERRITT ISLAND, FL 32953

Mailing Address
 4505 N.COURTENAY PKWY.
 MERRITT ISLAND, FL 32953

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04182004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

ELLIS, DELMAS R.
 540 CHASE HAMMOCK RD
 MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

Name Watson, Bruce
 Street Address (P.O. Box Number is Not Acceptable)
1380 Cox Road
 City Cocoa FL Zip Code 32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bruce Watson Bruce Watson, President 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	<u>B ✓</u> GILLENWATER, EDGAR
STREET ADDRESS	<u>6477 COLONY PARK DRIVE</u>
CITY-ST-ZIP	<u>MERRITT ISLAND, FL</u>
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	<u>x P</u> WATSON, BRUCE
STREET ADDRESS	<u>1380 COX ROAD</u>
CITY-ST-ZIP	<u>COCOA, FL</u>
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	<u>P</u> ELLIS, DELMAS
STREET ADDRESS	<u>540 CHASE HAMMOCK RD</u>
CITY-ST-ZIP	<u>MERRITT ISLAND, FL</u>
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Delete
NAME	<u>D</u> CALDWELL, BILL
STREET ADDRESS	<u>5026 FLEETWOOD PLACE</u>
CITY-ST-ZIP	<u>COCOA, FL</u>
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete
NAME	<u>D</u> MARTIN, ROBERT K
STREET ADDRESS	<u>5410 QUAIL HOLLOW DR</u>
CITY-ST-ZIP	<u>MERRITT ISLAND, FL 32953</u>
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>✓</u>
STREET ADDRESS	<u>5460 Areca Palm St.</u>
CITY-ST-ZIP	<u>Cocoa, FL 32927</u>
TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>P</u>
STREET ADDRESS	
CITY-ST-ZIP	<u>32926</u>
TITLE	<input type="checkbox"/> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D</u> Mangold, Todd
STREET ADDRESS	<u>5615 Eagle Way</u>
CITY-ST-ZIP	<u>Merritt Island, FL 32953</u>
TITLE	<input type="checkbox"/> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D</u> Jeffery Martin
STREET ADDRESS	<u>1915 Temple Ave</u>
CITY-ST-ZIP	<u>Merritt Is FL 32953</u>
TITLE	<input type="checkbox"/> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D</u> Parsons, III, Walter C.
STREET ADDRESS	<u>340 Island Beach Blvd</u>
CITY-ST-ZIP	<u>Merritt Island, FL 32952</u>
TITLE	<input type="checkbox"/> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>D</u> Phelps, Carl
STREET ADDRESS	<u>474 Orange Avenue</u>
CITY-ST-ZIP	<u>Merritt Island FL 32952</u>

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.

SIGNATURE: Bruce Watson Bruce Watson, President 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #