


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

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: POB 540846 MERRITT ISLAND, FL 32954-0826

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02232008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-2771965 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WATSON, BRUCE
 1380 COX RD.
 COCOA, FL 32926

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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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	WHITFIELD, GEORGE
STREET ADDRESS	177 BLUE JAY LANE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	PTR
NAME	WATSON, BRUCE
STREET ADDRESS	1440 COX ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	TR
NAME	PHELPS, CARL
STREET ADDRESS	474 ORANGE AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	VTR
NAME	MARTIN, JEFFREY
STREET ADDRESS	1915 TEMPLE AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	TR
NAME	MARTIN, ROBERT K
STREET ADDRESS	5410 QUAIL HOLLOW DR
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	TR
NAME	PICKEL, MARTHA
STREET ADDRESS	205 PALMETTO AVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 2/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #