

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714174 (0)

1. Corporation Name

PLEASANT VIEW BAPTIST CHURCH, INC., APOPKA

Principal Place of Business

1202 SOUTH CENTRAL AVENUE
APOPKA FL 32703

Mailing Address

1202 SOUTH CENTRAL AVENUE
APOPKA FL 32703-7034

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/28/1968

3a. Date of Last Report

01/25/1996

4. FEI Number

00-7590158

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MACON, MELVIN
217 WEST 16TH STREET
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

Lee Edward MACON

82 Street Address (P.O. Box Number is Not Acceptable)

2061 Eaton St.

83 City

Maitland, FL 32751 (SW)

84 City

Maitland, FL

FL

85 Zip Code

32751

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Lee E. MACON

Lee E. MACON

2/17/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACON, MELVIN	
STREET ADDRESS	217 WEST 16TH STREET	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODS, SHIRLEY R	
STREET ADDRESS	245 E CLEVELAND ST	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, MALACHI	
STREET ADDRESS	245 E CLEVELAND ST	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGHTOWER, EMSEY	
STREET ADDRESS	134 E 15TH ST	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYNE, CLEVELAND	
STREET ADDRESS	20 E. CLEVELAND ST.	
CITY-ST-ZIP	APOPKA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee Edward MACON	
1.3 STREET ADDRESS	2061 Eaton St.	
1.4 CITY-ST-ZIP	Maitland, FL 32751	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Judson Robert Brunson	
2.3 STREET ADDRESS	135 W. 19th St	
2.4 CITY-ST-ZIP	APOPKA, FL 32703	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Lee E. MACON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

(407) 647-8318

Daytime Phone # 0012666

CR2E037 (9/96)