FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

APOPKA FL

(0)

PLEASANT VIEW BAPTIST CHURCH, INC., APOPKA					
Principal Place of Business Mailing Address		Mailing Address			
1202 SOUTH CENTRAL AVENUE 1202 SOUTH CENTRAL AVENUE APOPKA FL 32703 APOPKA FL 32703			NUE		3. Date Incorporated or Qualified 02/28/1968 4. FEI Number Applied For
•					00-7590158 Not Applicable
2. Principal Place of Business 2a. Malling Addres 25		2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.	, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association?
		28	7 .		Yes X No
Zlp	Country	Zip	Country	,	8. This corporation owes or has pald the current year intangible
24	25	1	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Hegistered Agent	81	Name	IQ. Walle and Address of New Registered Agent
MACON, LEE EDWARD			82	Street Add	dress (P.O. Box Number is Not Acceptable)
2061 EATON ST. MAITLAND FL 32751			83		
NOTE CO.	1016 02701		84	City	85 Zip Code
				1	FL
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	L DELETE	1.1 TITLE		Change Addition
NAME	COOL STATION OF		1.2 NAME		
STREET ADDRESS	AAANT AAAD TI			F ADDRESS	
CITY-ST-ZIP	MAITLAND FL S	DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP	Change Addition
TITLE NAME	WOODS, SHIRLEY R	Last December	2.1 STGE 2.2 NAME		
STREET ADDRESS	ASS SOLENSIAND OF			F ADDRESS	
		2. 4 CITY-			
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	WOODS, MALACHI	VOODS, MALACHI 3.21			
STREET ADDRESS	DRESS 245 E CLEVELAND ST 3.33		3.3 STREET	T ADDRESS	
CITY-ST-ZIP	1 ** **** * = =====		3.4. CITY -	ST-ZIP	
TITLE	T	DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS	134 E 15TH ST		4,3 STREET	T ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000		4.4 CITY - 5	ST-ZIP	
TITLE	D	DELETE	5.1 TITLE		Change
NAME	PAYNE, CLEVELAND		5.2 NAME		
STREET ADDRESS	20 E. CLEVELAND ST.			T ADDRESS	
CITY-\$T-ZIP	APOPKA, FL 00000		5.4 CITY - S	ST-ZIP	☐ Change ☐ Addition
TITLE	1	☐ DELETE	6.1 TITLE		Change Addition
NAME	BRUNSON, JUDSON ROBER	ll .	6.2 NAME		
STREET ADDRESS	135 W 19 ST		6.3 STREE	T ADDRESS	

14. 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 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.

RE REQUIRED

647-8318

FILED

Feb 02 1998 8:00am

Secretary of State