

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703524

Entity Name: ORLANDO BAPTIST TEMPLE, INC.**Current Principal Place of Business:**4400 N. POWERS DR.
ORLANDO, FL 32818**Current Mailing Address:**4400 N. POWERS DR.
ORLANDO, FL 32818**FEI Number:** 59-6057207**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMALL, XAVIER
4400 N. POWERS DR.
ORLANDO, FL 32818 US*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:** XAVIER SMALL

02/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P/D
Name	SMALL, XAVIER
Address	4400 N. POWERS DR.
City-State-Zip:	ORLANDO FL 32818

Title	DEACON
Name	HUNT, GARY
Address	1634 W. COLUMBIA STREET
City-State-Zip:	ORLANDO FL 32805

Title	TRUSTEE
Name	RILES, JIM
Address	3601 AMIGOS AVE.
City-State-Zip:	ORLANDO FL 32808

Title	TRUSTEE
Name	GIESEL, PAUL
Address	6203 BROOKGREEN AVE.
City-State-Zip:	ORLANDO FL 32809

Title	DEACON
Name	MARCUS, HOWARD
Address	4400 N. POWERS DR.
City-State-Zip:	ORLANDO FL 32818

Title	TRUSTEE
Name	CROOKE, JELANI
Address	1814 GLENDALE ROAD
City-State-Zip:	ORLANDO FL 32808

Title	TRUSTEE
Name	LAGOMBRA, REY
Address	3024 NATOMA WAY
City-State-Zip:	ORLANDO FL 32822

Title	TRUSTEE
Name	CONNELL, JOHNATHAN
Address	4400 N. POWERS DR.
City-State-Zip:	ORLANDO FL 32818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: XAVIER SMALL

P/D

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date