


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 702404 (5)

1. Corporation Name

OAK RIDGE BAPTIST CHURCH INC

Principal Place of Business

3833 WEST OAK RIDGE ROAD
ORLANDO FL 32809

Mailing Address

3833 WEST OAK RIDGE ROAD
ORLANDO FL 32809

3. Date Incorporated or Qualified

05/06/1961

4. FEI Number

59-2905212

Applied For

Not Applicable

2. Principal Place of Business

21 oak Ridge Baptist Ch.

Suite, Apt. #, etc.

22 City & State

23 Orlando, Florida

24 Zip

32809

Country

25 Orange

2a. Mailing Address

26 3833 W. Oak Ridge Rd.

Suite, Apt. #, etc.

27 City & State

28 Orlando, Florida

29 Zip

32809

Country

30 Orange

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PASTOR: ROBERT B. KENDEL SR.
6007 LUZON DRIVE
ORLANDO, FLORIDA
32809

10. Name and Address of New Registered Agent

81 Name

Pastor. Robert B. Kendel Sr

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

6007 Luzon Drive

83 City

84 City

ORLANDO

FL

85 Zip Code

32809

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 *Rev. Robert B. Kendel Sr.* REV. ROBERT B. KENDEL SR.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COPPOCK, WILLIAM
STREET ADDRESS 13112 SAN ANTONIO WOODS LANE
CITY-ST-ZIP ORLANDO FL

TITLE CS ☒ DELETE

NAME DAVIS, BETSY L.
STREET ADDRESS 4304 FAIRLAWN DR.
CITY-ST-ZIP ORLANDO FL

TITLE DVC ☒ DELETE

NAME DAVIS, GEORGE
STREET ADDRESS 4304 FAIRLAWN DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE PC ☒ DELETE

NAME ANSPACH, RICHARD
STREET ADDRESS 1011 MARLOWE AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME GLADSTONE, ROBERTS
STREET ADDRESS 5400 FITNESS CIR., #102
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pastor ☒ Change ☒ Addition

1.2 NAME Rev. Robert B. Kendel Sr.
1.3 STREET ADDRESS 6007 Luzon Drive
1.4 CITY-ST-ZIP Orlando, Florida

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Coppock, William
2.3 STREET ADDRESS 13112 San Antonio Woods Lane
2.4 CITY-ST-ZIP Orlando FL

3.1 TITLE Deacon D ☒ Change ☒ Addition

3.2 NAME Raymond Duncan
3.3 STREET ADDRESS 6332 Revinna Drive
3.4 CITY-ST-ZIP Orlando, Florida 32809

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME Roberts, Gladstone
5.3 STREET ADDRESS 2220 Blue Sapphire Circle
5.4 CITY-ST-ZIP Orlando, FL 32387

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *William C. Coppock*

William Coppock Treasurer/Deacon 9/23/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)