## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 07, 2007 8:00 am

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DOCUMENT # 702973  1. Entity Name RIVERSIDE BAPTIST CHURCH OF ORLANDO, INC.						~		-	006 ****61.2	
Principal Place of Business 7719 FOREST CITY ROAD ORLANDO, FL 32810  Malling Address 7719 FOREST CITY ROAD ORLANDO, FL 32810  ORLANDO, FL 32810						I SEELIN ISEUL		REE CIN BYEN EN	DIR BRUSH UNDER GRANK UNDE	1)1 <b>5</b> 7 <b>6</b> 1 766)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01042007	Chg-NP	CR	2E037 (12/06)	
City & State		City & State				4. FEI Number Applied For 63-0568503 Not Applicable			<u> </u>	
Zìp	Country	Zip	Cou	intry		5. Certificate	of Status Desi	ed 🔲	\$8.75 Add Fee Require	litional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of N	ew Registe	red Agent	
6. Name and Address of Current Registered Agent INBODEN, GLENN MR				Name						
832 MALO ORLANDO	NE DR ), FL 32810				ddress (I	P.O. Box Numb	er is Not Accep	otable)		
				City				•	<b>□</b> Zip Code	A
				,					FL   Zip Codi	_
	named entity submits this statement for ions of registered agent.	or the purpose of changing its i	registere	ed office or	register	ed agent, or bo	th, in the State	of Florida. I	am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signatu	ure required	when reinstating)		D/	ATE	<del></del>
SIGNATURE .	Signature, typed or printed name of registered agent			<del>.</del>	ure required					
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Ca	ipaign F ontributi	inancing		\$5.00 May E Added to Fees		Make c Florida De	heck payable to epartment of Si	tate
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 May E Added to Fees	ANGES TO OF	Make c Florida De	heck payable to	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI VD VANDERDOECH, ALAN 201 GRACE BLVD.	9. Election Cam Trust Fund Co	npaign Fontributi 11. TITLE NAME	inancing ion.	Pro Glo	\$5.00 May E Added to Fees ADDITIONS/CH esident enn Inb 2 Malor	ANGESTO OF coden ne Dr.	Make c Florida De FICERS AN	heck payable to epartment of SI D DIRECTORS IN	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI VD VANDERDOECH, ALAN 201 GRACE BLVD. ALTAMONTE SPRINGS, FL 32	9. Election Cam Trust Fund Co	npaign Fontributi 11. TITLE NAME	inancing ion.	Pro Glo	\$5.00 May E Added to Fees ADDITIONS/CH esident enn Inb	ANGESTO OF coden ne Dr.	Make c Florida De FICERS AN	heck payable to epartment of SI D DIRECTORS IN AChange	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI VD VANDERDOECH, ALAN 201 GRACE BLVD. ALTAMONTE SPRINGS, FL 323	9. Election Cam Trust Fund Co	11. TITLE NAMI	inancing ion.  E E ET ADDRESS -ST-ZIP	Pro Glo	\$5.00 May E Added to Fees ADDITIONS/CH esident enn Inb 2 Malor	ANGESTO OF coden ne Dr.	Make c Florida De FICERS AN	heck payable to epartment of SI D DIRECTORS IN	tate
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401 295-3850