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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

SIGNATURE:

(1)

FILED
Apr 15 1998 8:00am
Secretary of State

	Y BAPTIST CHURCH OF A	APOPKA, INC.					
Principal Place	e of Business	Mailing Address		[100 Pht 190	 	 	416 11 418 16 1881
1022 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703		1022 SOUTH ORANGE BLOSSOM TRAIL APOPKA FL 32703		3. Date Incorpo 12/14/	orated or Qualified		
				4. FEI Number	1801		Applied For
				59-156	iΩ421		Not Applicable
2. Principal P	face of Business	2a. Malling Address					Additional
21		26		5. Certificate of	Status Desired		Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			paign Financing	\$5.00	May Be
22	<u></u>	27		Trust Fund C	* *** * * * * * * * * * * * * * * * * *		to Fees
City & State	ð	City & State		7. Is this nonpro	ofit corporation a hom		on?
23 Zip	Country	28 Zip	Country	5 This corners		Yes No	
24	26	29	30		tion owes or has paid perty Tax due June 3		ntangible No
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·			81 Name	_	· · · · · · · · · · · · · · · · · · ·		
ROBERT	r e. Lamun		82 Street	Le Roy Boa Address (P.O. Box Numb	e la Not Acceptable		
	LEY DRIVE			oz Lavanhar		")	
	OOD FL 32779		83				
			84 City			as 7ir	Code
			1-1	Apopka		FL 85 3	Code 27/2
44 0	to the provisions of Sections 617.0	502 and 617.1508, Florida Stati	ites, the above-named	corporation submits this	statement for the pur	rpose of changing	its registered
TT. Pursuant			BUILDANIZAA DU IDA	poration's board or direct	iors. I nereby accept	the appointment a	s registered
office or re agent. I a	egistered agent, or both, in the Sta m familiar with and account the offi	na of Fiorida. Such change was ligations of, Section 617.0503, F	lorida Statutes.	•		11.0	
SIGNATURE	to the provisions of Sections 617.03 egistered agent, or both, in the Sta m familiar with and accept the of	in of Florida. Such change was ligations of, Section 617.0503, F	Florida Statutes.		4	42/98	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NC	OTE: Registered Agent signatur	e required when reinstating)		72/98 DATE	
SIGNATURE _	Signature, typed oriprinted neme of registered a	agent and title if applicable. (NC	OTE: Registered Agent signature 13.	e required when reinstating) ADDITIONS/C	HANGES TO OFFICE	72/98 DATE TRS AND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed organistic reme of registered a	agent and title if applicable. (NC	DTE: Registered Agent signature 13. 1.1 TITLE	e required when reinstating) ADDITIONS/C		72/98 DATE	DRS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed organistic nearly of registered a SPFICERS A PROBERT E. LAMUN	agent and title if applicable. (NC	TE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	e required when reinstating) ADDITIONS/CI Ed Bucker	HANGES TO OFFICE	72/98 DATE TRS AND DIRECTO	PRS IN 12
SIGNATURE 112. 1ITLE NAME STREET ADDRESS	Signature, typed originated reading of registered a PROBERT E. LAMUN 311 VALLEY DRIVE	agent and title if applicable. (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating) ADDITIONS/CI Ed Bucker	HANGES TO OFFICE	72/98 DATE TRS AND DIRECTO	DRS IN 12
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