


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 703524
 1. Entity Name
 ORLANDO BAPTIST TEMPLE, INC.



Principal Place of Business Mailing Address
 4400 N. POWERS DR. 4400 N. POWERS DR.
 ORLANDO, FL 32818 ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE



03062008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-6057207 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EDWARDS, JOSEPH
 4400 N. POWERS DR.
 ORLANDO, FL 32818

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000878402
 04/14/08-80054-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D RIGGS, RUSSELL G 4400 N. POWERS DR. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HUNT, GARY 1634 W. COLUMBIA STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, HERBERT H 2101 N. HASTINGS ST ORLANDO, FL 328084810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T RILES, JIM 3601 AMIGOS AVE. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIESEL, PAUL 6203 BROOKGREEN AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, JOSEPH 1909 ANNAPOLIS AVE ORLANDO, FL 32826

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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: Dr. Russell G. Riggs / Russell G. Riggs 3-17-08 407-293-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #