FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704877 (0)

1. Corporation Name

GREATER ORLANDO BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1906 WEST LEE ROAD ORLANDO FL 32810	1906 WEST LEE ROAD ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6033984 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WAGNER, RICHARD A.
304 E. COLONIAL AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	GILSTRAP, R. EDWARD	12 NAME	Gilstrap, R. Edward	
STREET ADDRESS	1612 NEOLA TRL	13 STREET ADDRESS	4130 Versailles Drive	
CITY-ST-ZIP	WINTER PARK FL 32789	14 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	BLOSCH, LOUISE	22 NAME		
STREET ADDRESS	110 VALLEY CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MATHESON, MARK	32 NAME	Matheson, Mark	
STREET ADDRESS	PO BOX 1264 NA	33 STREET ADDRESS	P.O. Box 1264 NA	
CITY-ST-ZIP	WINDERMERE FL	34 CITY-ST-ZIP	Windermere, FL 34786	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	MOUNTS, ROBERT	42 NAME	Faulkner, Bill	
STREET ADDRESS	3814 SHAMROCK CT	43 STREET ADDRESS	125 E. Plant St	
CITY-ST-ZIP	ORLANDO FL 32806	44 CITY-ST-ZIP	Winter Garden, FL 34777	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	COPELAND, ED	52 NAME		
STREET ADDRESS	1500 CAVENDISH RD.	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Louise P. Blosch 407-293-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Louise P. Blosch/Secretary