

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704877 (0)
1. Corporation Name
GREATER ORLANDO BAPTIST ASSOCIATION, INC.



Principal Place of Business
**1906 WEST LEE ROAD
ORLANDO FL 32810**

Mailing Address
**1906 WEST LEE ROAD
ORLANDO FL 32810**

3. Date Incorporated or Qualified
12/05/1962

3a. Date of Last Report
03/03/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6033984	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	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

81 Name

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

83

84 City **FL** **85** Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GILSTRAP, R. EDWARD	1.2 NAME	Eduardo Docampo
STREET ADDRESS	4130 VERSAILLES DRIVE	1.3 STREET ADDRESS	975 Glenview Circle
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	Winter Garden FL 34787
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S BLOSCHE, LOUISE	2.2 NAME	Bob McAllister
STREET ADDRESS	110 VALLEY CIRCLE	2.3 STREET ADDRESS	5141 Lazy Oaks Drive
CITY - ST - ZIP	LONGWOOD FL 32779	2.4 CITY - ST - ZIP	Winter Park FL 32792
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MATHESON, MARK	3.2 NAME	Danny Strickland
STREET ADDRESS	PO BOX 1264 NA	3.3 STREET ADDRESS	9000 Lake Underhill Drive
CITY - ST - ZIP	WINDERMERE FL	3.4 CITY - ST - ZIP	Orlando FL 32825
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FAULKNER, BILL	4.2 NAME	Bill Faulkner
STREET ADDRESS	125 E PLANT STREET	4.3 STREET ADDRESS	125 E Plant Street
CITY - ST - ZIP	WINTER GARDEN FL	4.4 CITY - ST - ZIP	Winter Garden FL 32787
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T COPELAND, ED	5.2 NAME	
STREET ADDRESS	1500 CAVENDISH RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER PARK FL 32789	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Harold Mitchell
STREET ADDRESS		6.3 STREET ADDRESS	2201 Deloraine Trail
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Maitland FL 32751

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)(k), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Daytime Phone #

CR2E037 (12/95)