

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 705123 (8)

1. Corporation Name
GREATER ORLANDO BAPTIST ASSOCIATION HOLDING CO., 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 01/29/1963 | |
| 4. FEI Number 59-6033984 | Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 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 | 85 Zip Code FL |

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

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE P | <input checked="" type="checkbox"/> DELETE |
| NAME HENRY, JAMES | |
| STREET ADDRESS 115 E AGNES STREET | |
| CITY-ST-ZIP WINTER GARDEN FL | |
| TITLE P | <input checked="" type="checkbox"/> DELETE |
| NAME FRICK, GEORGE | |
| STREET ADDRESS 10728 WINDSOR CT | |
| CITY-ST-ZIP ORLANDO FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME WEST, ERNEST P | |
| STREET ADDRESS 3008 GREENMONT ROAD | |
| CITY-ST-ZIP ORLANDO FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME PLYE, FRANK | |
| STREET ADDRESS 1832 ANTIGUA DR | |
| CITY-ST-ZIP ORLANDO FL | |
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME BAKER, RUBY | |
| STREET ADDRESS 1116 BOCANA DR. | |
| CITY-ST-ZIP CASSELBERRY FL | |
| TITLE D | <input type="checkbox"/> DELETE |
| NAME MCALLISTER, BOB | |
| STREET ADDRESS 5141 LAZY OAKS DRIVE | |
| CITY-ST-ZIP WINTER PARK FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE Eduardo Docampo | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME 1012 Quaker Ridge Ct | |
| 1.3 STREET ADDRESS Oviedo, FL 32765 | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Bill Haynes | |
| 2.3 STREET ADDRESS 3800 Wekiva Springs Rd | |
| 2.4 CITY-ST-ZIP Longwood, FL 32779 | |
| 3.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME Marshall Collins | |
| 3.3 STREET ADDRESS 1950 Mohican Trail | |
| 3.4 CITY-ST-ZIP Maitland, FL 32751 | |
| 4.1 TITLE T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME Ed Copeland | |
| 4.3 STREET ADDRESS 1500 Cavendish Rd | |
| 4.4 CITY-ST-ZIP Winter Park, FL 32789 | |
| 5.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME Harold Mitchell | |
| 5.3 STREET ADDRESS 2201 Deloraine Trail | |
| 5.4 CITY-ST-ZIP Maitland, FL 32751 | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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: _____ DATE: **11 JUNE 98 407-283-2450**

CR2E037 (10/97)