

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 # 706307 (6)

1. Corporation Name
GOLDENROD BAPTIST CHURCH, INC.



Principal Place of Business: 3500 N GOLDENROD RD WINTER PARK FL 32792
Mailing Address: 3500 N GOLDENROD RD WINTER PARK FL 32792

3. Date Incorporated or Qualified: 10/21/1963
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1818599
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**FLEMING, JOHN R.
7613 DELPHIA ST.
ORLANDO FL 32807**

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 617.0603, Florida Statutes.

SIGNATURE: *John R. Fleming* (NOTE: Registered Agent signature required when reinstating)
DATE: *January 16, 1996*

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	FLEMING, JOHN R.	
STREET ADDRESS	7613 DELPHIA ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	POTTER, RONALD	
STREET ADDRESS	1164 DODD ROAD	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JAMES	
STREET ADDRESS	9586 PEER DRIVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NESTOR, RAY	
STREET ADDRESS	242 TEMPLE AVE	
CITY - ST - ZIP	FERN PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINDAD, JAMES	
STREET ADDRESS	3501 AUSTRALIAN CIR	
CITY - ST - ZIP	WINTER PARK, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FIELDS, JAMES R	
STREET ADDRESS	3959 ORANGE LAKE	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TRUSTEE CODE D
4.3 STREET ADDRESS	GEORGE WEIGHTMAN
4.4 CITY - ST - ZIP	221 MADERIA COURT ORLANDO, FLORIDA 32825
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TRUSTEE CODE D
6.3 STREET ADDRESS	ARTHUR WOHLMAN
6.4 CITY - ST - ZIP	1245 GUINEVERE DR CASSELBERRY, FLORIDA 32707

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: *John R. Fleming* JOHN R. FLEMING JAN. 16, 1996 407-271-772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)