

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90002 001 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 706307**

1. Corporation Name  
**GOLDENROD BAPTIST CHURCH, INC.**

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



|                                      |  |                           |  |   |  |
|--------------------------------------|--|---------------------------|--|---|--|
| 2. Principal Place of Business<br>21 |  | 2a. Mailing Address<br>26 |  | 3. Date Incorporated or Qualified<br>10/21/1963   |  |
| Suite, Apt. #, etc.<br>22            |  | Suite, Apt. #, etc.<br>27 |  | 4. FEI Number<br>59-1818599   |  |
| City & State<br>23                   |  | City & State<br>28        |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| Zip Country<br>24 25                 |  | Zip Country<br>29 30      |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |

|  |  |  |  |   |                |
|--|--|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent<br><br>WEIGHTMAN, GEORGE<br>221 MADERIA CT<br>ORLANDO FL 32825 |  |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | T <input type="checkbox"/> DELETE | 1.1 TITLE   | TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRESS, RONALD E                   | 1.2 NAME  | GRESS, RONALD E   |
| STREET ADDRESS             | 2209 WEST FALL DR.                | 1.3 STREET ADDRESS                                    | 2209 WEST FALL DR.  |
| CITY-ST-ZIP                | ORLANDO FL 32817                  | 1.4 CITY-ST-ZIP                                       | ORLANDO, FL 32817   |
| TITLE                      | P <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | POTTER, RONALD                    | 2.2 NAME  |   |
| STREET ADDRESS             | 1164 DODD ROAD                    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | WINTER PARK FL                    | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | PHILLIPS, JAMES                   | 3.2 NAME  |   |
| STREET ADDRESS             | 9586 PEER DRIVE                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ORLANDO FL                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T <input type="checkbox"/> DELETE | 4.1 TITLE   | TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WEIGHTMAN, GEORGE                 | 4.2 NAME  | WEIGHTMAN, GEORGE   |
| STREET ADDRESS             | 221 MADERIA CT.                   | 4.3 STREET ADDRESS                                    | 221 MADERIA CT.   |
| CITY-ST-ZIP                | ORLANDO FL                        | 4.4 CITY-ST-ZIP                                       | ORLANDO, FL 32825   |
| TITLE                      | T <input type="checkbox"/> DELETE | 5.1 TITLE   | TR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EATON, THOMAS                     | 5.2 NAME  | EATON, THOMAS   |
| STREET ADDRESS             | 7513 RED BUD COURT                | 5.3 STREET ADDRESS                                    | 7513 RED BUD COURT  |
| CITY-ST-ZIP                | ORLANDO FL 32807                  | 5.4 CITY-ST-ZIP                                       | ORLANDO FL 32807  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                   | 6.2 NAME  | HARTLEY VIRGINIA  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    | 1960 WESTBOURNE DR  |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       | OWIEDO, FL 32765  |

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, with all other like empowered.

SIGNATURE: Ronald Potter **REQUIRED** 7/12/99 407-671-7448  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001298

CR2E037 (5/99)