

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 707662

1. Entity Name  
DOVER SHORES BAPTIST CHURCH INCORPORATED



Principal Place of Business  
551 GASTON FOSTER ROAD  
ORLANDO, FL 32807

Mailing Address  
551 GASTON FOSTER ROAD  
ORLANDO, FL 32807

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**



07022008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0791023	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRANCH, PATRICIA D.  
4206 FALLWOOD CIRCLE  
ORLANDO, FL 32812

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
HUTSELL, DON  
2607 LAKE WADE  
ORLANDO, FL 32806

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
ROLLING, CARLTON  
1065 ROSEMARY DRIVE  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GLENN, JAMES  
116 WORTHINGTON CIRCLE  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000955404  
07/17/08-80004-011 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlton Rolling  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/08  
Date

407-277-5810  
Daytime Phone #