FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 70940

(0)

LAUREL HILL BAPTIST CHURCH, INC.

LACITE	LINEE DAI 1101 OHOROM,										
Principal Place	of Business	Mailing Address					I FOR IN ARREST DOLLD FOLLE OF DAY BUT DE				
2160 HIAWASSE ORLANDO FL 3		2160 HIAWASSEE ROAD ORLANDO FL 32818-5223									
							3. Date Incorporated or Qualified 08/09/1965		e of Last Ro 14/24/19		
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number 59-1220076		Ap	plied For	
Suite, Apt #	l ata	26 Suite Apt 4 ste	Suite, Apt. #, etc.				38-12200/0	, <u>.</u>		t Applicable	
22	7, U IG.	27					5. Certificate of Status Desired See Required Fee Required				
City & State		City & State					Election Campaign Financing Trust Fund Contribution	П	\$5.00		
Zip	Country	Zip					Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for Intangible tax under s. 199.032,				
24	25 29 30						Florida Statutes Yes 🔼 No				
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Reg	pistereti A	gent		
				B1	Name	134	ACKWELL, JOH!	NJ.			
LANGLEY, ROBERT C.				82 Street Address (P.O. Box Number is Not Acceptable)				(e)			
	LOWWOOD STREET		89			395	sa Southfate T	ERIC			
UHLAND	O FL 32818										
				B4	City	OR	LANDO	FL		Code	
11. Pursuant to	o the provisions of Sections 617.050	2 and 617.1508, Florida Statu	tes, the a	bove	-named	corpor	ation submits this statement for the pr	urpose of o	hanging it	s registered	
agent lar	n familiar with, and accept the obliga	itions of, Section 617.0503, Fl	orida Stat	tutes.	ine corp	JUIGIKI	's board of directors. I hereby accep	tille appo	munioni as	registereu	
SIGNATURE		rwell						4/10	, 197	<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					nt signature	required	when reinstating)	DATE	DIDECTOR	00 151 40	
TITLE	D OFFICERS AND	DELETE	13. 1.1 Ti	TEF		D	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	EVANS, BARRON V.		1	1.2 NAME		\C\r	lawford, LARRY	•	and Criticings	JAC NOBINOT	
STREET ADDRESS	817 FERGUSON DRIVE				1.3 STREET ADDRESS 2		AWFORD, LARRY 135 Hanover CT				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S			AP	OPKA, FL				
TITLE	D DELETE			2.1 TITLE					Change	Addition	
NAME	BLACKWELL, JOHN H.		2.2 NAME								
STREET ADDRESS	2952 SOUTHGATE TERR		2.3 5		2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL		_	CITY - \$1	T• ZIP						
TITLE	D X DELETE			3.1 YITLE				l	Change	Addition	
NAME	LANGLEY, ROBERT C. 7053 WILLOWWOOD ST	•	3.2 N								
STREET ADORESS	ORLANDO FL				ADDRESS						
CITY-ST-ZIP TITLE	VIDALO I L	DELETE	3.4. C	ITY-SI	I-ZIP				Change	Addition	
NAME		hand we want to		VAME				•			
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				ITY-ST		<u>. </u>					
TITLE		DELETE	5.1 1	TLE					Change	Addition	
NAME			5.2 N	AME							
STREET ADORESS			5.3 S	TREET	address						
CITY-ST-ZIP		T DELETE		ITY-ST	- ZIP				70	(a.a.o	
TITLE		☐ DELETE	6.1 Ti					l	Change		
NAME			6.2 N		+DDOFAA						
STREET ADORESS					ADDRESS						
14. I do hereb	y certify that the information supplied	with this filing does not qual	ify for the	exer	nption s	tated in	Section 119.07(3)(i). Florida Statutes	. I further	certify that	the	
14. I do hereby certify that the information supplied with this diling 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 of trustee empowered to execute this report as required by Chapter 617, Fjorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.											