FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB -7 PM 4:13

DOCUMENT # 716797 (6)

1. Corporation Name
MONTEVISTA MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
11051 CEMETARY ROAD P.O. BOX 120105 CLERMONT FL 34711-8604	11051 CEMETARY ROAD P.O. BOX 120105 CLERMONT FL 34711-8604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1969
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2871273 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

COSSON, LETHA L
7645 LAKE NELLIE RD
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name: Randall Story
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1007 Chestnut St
84 City: Clermont FL 85 Zip Code: 34711

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Randall A. Story — Randall A. Story — 2-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, BRUCE	1.2 NAME	
STREET ADDRESS	407 DISSTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	AKERS, BILLY	2.2 NAME	
STREET ADDRESS	14203 MAX HOOKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	COSSON, LETHA L	3.2 NAME	Delete
STREET ADDRESS	7645 LAKE NELLIE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☑ Addition
NAME	BROWN, VON	4.2 NAME	S/T Randall Story
STREET ADDRESS	11051 CEMETARY ROAD	4.3 STREET ADDRESS	1007 chestnut Street
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	Clermont, Fl 34711
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Randall A. Story — Randall A. Story — 2-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — [illegible]

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