

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 # 716797 (6)
1. Corporation Name
MONTEVISTA MISSIONARY BAPTIST CHURCH, INC.



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

Mailing Address
**11051 CEMETARY ROAD
P.O. BOX 120105
CLERMONT FL 34711-8604**

3. Date Incorporated or Qualified
06/26/1969

3a. Date of Last Report
02/07/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STORY, RANDALL
1007 CHESTNUT ST
CLERMONT FL 34711**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	THOMPSON, BRUCE	<input checked="" type="checkbox"/> DELETE
NAME		407 DISSTON	
STREET ADDRESS		MINNEOLA FL	
CITY-ST-ZIP			
TITLE	V	AKERS, BILLY	<input checked="" type="checkbox"/> DELETE
NAME		14203 MAX HOOKS ROAD	
STREET ADDRESS		CLERMONT FL	
CITY-ST-ZIP			
TITLE	SD	BROWN, VON	<input checked="" type="checkbox"/> DELETE
NAME		11051 CEMETARY ROAD	
STREET ADDRESS		CLERMONT FL	
CITY-ST-ZIP			
TITLE	ST	STORY, RANDALL	<input type="checkbox"/> DELETE
NAME		1007 CHESTNUT STREET	
STREET ADDRESS		CLERMONT FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD-SCOTT TAYLOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	8021 Lake Nellie Rd.	
1.3 STREET ADDRESS	CLERMONT, FL 34711	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ted Williams	
2.3 STREET ADDRESS	15749 Tower View Dr.	
2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Becky Christian	
3.3 STREET ADDRESS	6702 Lake Kirkland Dr.	
3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)