

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mottram Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718577** (0)
1. Corporation Name
APOPKA BAPTIST TEMPLE, INC.



Principal Place of Business 115 N CHRISTINA AVE. APOPKA FL 32703	Mailing Address P.O. BOX 2505 APOPKA FL 32704
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3. Date Incorporated or Qualified 05/26/1970
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DRESCHER, OSCAR 705 E. MAGNOLIA ST. APOPKA FL 32703	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	115 N. CHRISTINA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	DM	2.1 TITLE	2.2 NAME
NAME	LOOMUS, EDWARD	2.3 STREET ADDRESS	715 E. Orange St
STREET ADDRESS	715 E. ORANGE STREET	2.4 CITY-ST-ZIP	Apopka, FL 32703
CITY-ST-ZIP	APOPKA FL 32703	3.1 TITLE	3.2 NAME
TITLE	TD	3.3 STREET ADDRESS	DRESCHER, OSCAR
NAME	DRESCHER, OSCAR	3.4 CITY-ST-ZIP	705 E. MAGNOLIA ST.
STREET ADDRESS	705 E. MAGNOLIA ST.		APOPKA, FL 32703
CITY-ST-ZIP	APOPKA FL 32703	4.1 TITLE	4.2 NAME
TITLE	SV	4.3 STREET ADDRESS	
NAME	WILSON, TIM	4.4 CITY-ST-ZIP	
STREET ADDRESS	1893 IROQUIOS ST.	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	APOPKA FL 32703	5.3 STREET ADDRESS	Johnson, James
TITLE		5.4 CITY-ST-ZIP	PO Box 1833
NAME		6.1 TITLE	Eustis FL 32726 (N/A)
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

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.

SIGNATURE *Edward W. Loomis* *Edward W. Loomis* 2/10/98 (407) 886-3121

CR2E037 (10/97)