

FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mottlam 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
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
26. Zip	29. Country
27. Zip	30. Country

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**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIGGS, RUSSELLE	
STREET ADDRESS	115 N. CHRISTINA AVENUE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	LOOMUS, EDWARD	
STREET ADDRESS	715 E. ORANGE STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DRESCHER, OSCAR	
STREET ADDRESS	705 E. MAGNOLIA ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	WILSON, TIM	
STREET ADDRESS	1893 IROQUIOS ST.	
CITY-ST-ZIP	APOPKA FL 32703	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOOMIS, EDWARD
2.3 STREET ADDRESS	715 E. Orange St
2.4 CITY-ST-ZIP	Apopka, FL 32703
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DM DRESCHER, OSCAR
3.3 STREET ADDRESS	705 E. MAGNOLIA ST.
3.4 CITY-ST-ZIP	APOPKA, FL 32703
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 checked="" type="checkbox"/> Addition
5.2 NAME	Tr Johnson, James
5.3 STREET ADDRESS	PO Box 1833
5.4 CITY-ST-ZIP	Eustis FL 32726 (N/A)
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 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)