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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 718577

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/26/1970

4. FEI Number

NOT-APPLICABLE

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

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

FL

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

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  
NAME RIGGS, RUSSELLE  
STREET ADDRESS 115 N. CHRISTINA AVENUE  
CITY-ST-ZIP APOPKA FL 32703

TITLE TD  
NAME LOOMUS, EDWARD  
STREET ADDRESS 715 E. ORANGE STREET  
CITY-ST-ZIP APOPKA FL 32703

TITLE DM  
NAME DRESCHER, OSCAR  
STREET ADDRESS 705 E. MAGNOLIA ST.  
CITY-ST-ZIP APOPKA FL 32703

TITLE SV  
NAME WILSON, TIM  
STREET ADDRESS 1893 IROQUIOS ST.  
CITY-ST-ZIP APOPKA FL 32703

TITLE TR  
NAME JOHNSON, JAMES  
STREET ADDRESS P.O. BOX 1833 N/A  
CITY-ST-ZIP EUSTIS FL 32726

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE TD  
2.2 NAME LOOMUS, EDWARD  
2.3 STREET ADDRESS 715 E. Orange Street  
2.4 CITY-ST-ZIP APOPKA, FL 32703

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: Edward Loomus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(407) 886-3121

Daytime Phone #

CR2E037 (1/198)