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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90168 016 \*\*\*\*70.00

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**  DELETE

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

TITLE **TD**  DELETE

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

TITLE **DM**  DELETE

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

TITLE **SV**  DELETE

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

TITLE **TR**  DELETE

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

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TD**  
**LOOMIS, EDWARD**  
**715 E. Orange Street**  
**Apopka, FL 32703**

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 Loomis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (407) 886-3121  
 Date Daytime Phone #

CR2E037 (1/198)