|   | ·····  | I: FILING F  | EE IS \$61.2  | 20   |   |  | FILE   | D  |   |
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|   | ONPROFIT<br>RPORATION  |  |   | ARTMENT  |   | Jan 15   | 1998   | 8 8:0  | )0ar  |
|   | UAL REPORT   |  |   | tary of Stat   |   |  |  |  |   |
| 1998  |  | A STATE  | DIVISION OF CORPORATIONS  |  | ATIONS  |  | etary  | 01 3   | otale   |
| Corporatio  | MENT # 71  | 9294   | (1)   |  |   |  |  |  |   |
| NEW H   | IOPE MISSIONARY I  | BAPTIST CHUR   | ICH OF ORLA   | NDO, I   |   |  | ) (ANT AND DINN ON                             |  | <b>.</b>  |
| incipal Place of Business Mailing Address   |  |  |   |  |   |  |  |  |   |
| FORLANDO INC<br>30 WAUKULA WAY<br>ILANDO FL 32839-3328  |  |  | OF ORLANDO INC<br>1900 WAUKULA WAY<br>ORLANDO FL 32839-3328       |  |   | 3. Date Incorporated or Qua  | lified   |  | 2   |
|   |  |  |   |  |   | 09/14/1970 4. FEI Number Applied For   |  |  |   |
|   |  |  |   |  |   | 59-2916631   |  |  | ot Applicab                                       |
| Principal F   | Place of Business  | 2a. 1<br>26  | Mailing Address   |  |   | 5. Certificate of Status Desire  | ed 🛛   |  | Additional<br>equired                             |
| Sulte, Apt.   | #, etc.  |  | Suite, Apt. #, etc.   |  |   | 6. Election Campaign Finance   |  | \$5.00   | May Be  |
| City & State  |  |  | 27<br>City & State  |  |   | Trust Fund Contribution  7. Is this nonprofit corporatio   | n a homeowner:                                 | Added to<br>s associatio   | · · ·   |
| Zip   | Country  | 28   |   | Cou  | ntrv  | <ul> <li>B. This corporation owes or t</li> </ul>  |  |  | angibla   |
|   | 25   | 29   |   | 30   | ,,  | Personal Property Tax due  | June 30.                                       | Yes [  | ] No  |
|   | 9. Name and Address  | of Current Registe   | red Agent   |  | 61 Name   | 10. Name and Address of No   | w Registered /                                 | Agent  |   |
| JOHNS,  |  |  |   |  | <b>00</b> Ohren 4 ala   | Hanna (D.O. Bau Mumbar in Not Acc  | ontable)                                       |  |   |
|   | runu   |  |   |  | B2 Street Add   | Jress (P.O. DOX NUMOER IS NOT ACC  | epiable)                                       |  |   |
| 2925 FO   | Intier Dr  |  |   |  |   | dress (P.O. Box Number is Not Acc  | (epiable)                                      |  |   |
| 2925 FO   |  |  |   |  | 83  | STRESS (P.O. BOX NUMBER IS NOT ACC   |  |  |   |
| 2925 FÖ<br>KISSIMM  | ntier dr<br>Iee Fl 34744   |  | 11500 Elecide Que   |  | 83<br>84 City   |  | FL   |  | Cöde  |
| 2925 FO<br>KISSIMM  | ntier dr<br>Iee Fl 34744   | ns 617.0502 and 617<br>the State of Fiorida<br>t the obligations of, 5 | 7.1508, Florida Stat<br>1. Such change was<br>Section 617.0503, I | utes, the a<br>s authorize<br>Florida Stat   | 83<br>84 City   | poration submits this statement fo   | FL   |  |   |
| Pursuant<br>office or a<br>agent. I a<br>BNATURE  | NTIER DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, ir<br>arm familiar with, and accep<br>Signature, typed or printed name of   | registered agent and title if  | applicable. (N  | DTE Registere  | 83<br>84 City<br>bove-named corr<br>d by the corpora<br>utes.   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | changing il<br>ointment as   | s registere<br>registered                         |
| Pursuant<br>office or a<br>agent. I s<br>SNATURE  | NTIER DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, ir<br>am familiar with, and accep<br>Signature, typed or printed name of<br>OFF   |  | applicable. (NG<br>ORS  | DTE Registerer<br>13.  | 83<br>84 City<br>bove-named corr<br>d by the corpora<br>utes.<br>I Agent signature requ   | poration submits this statement fo<br>ation's board of directors. I hereby                           | FL<br>the purpose of<br>accept the app<br>DATE | changing il<br>ointment as   | is registered<br>registered                       |
| 2925 FO<br>KISSIMM<br>Pursuant<br>office or i<br>agent. I a<br>BNATURE  | NTIER DR<br>IEE FL 34744   | registered agent and title if  | applicable. (N  | DTE Registere  | B3     B4 City     Dove-named cor     d by the corpora     utes.     Agent signature requ   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | changing il<br>ointment as   | is registere<br>registered                        |
| Pursuant<br>office or a<br>agent. I a<br>aNATURE  | Ito the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signeture, typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI   | registered agent and title if ,<br>ICERS AND DIRECT                    | applicable. (NG<br>ORS  | DTE: Registore<br>13.<br>1.1 TJ<br>1.2 N   | B3     B4 City     Dove-named cor     d by the corpora     utes.     Agent signature requ   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | changing il<br>ointment as   | is registered<br>registered                       |
| Pursuant<br>office or a<br>agent. I a<br>SNATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | NTIER DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signature, typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000   | registered agent and title if ,<br>ICERS AND DIRECT                    | applicatrie. (NG<br>ORS<br>DELETE                                 | DTE: Registere<br><b>13.</b><br>1.1 TI<br>1.2 N<br>1.3 SI<br>1.4 CI  | B3     B4 City     Dove-named cor     d by the corpora     utes.     Agent signature requ     ILE     IME     REET ADDRESS     TY-ST-ZIP  | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | DIRECTOR   | is registered<br>registered<br>IS IN 12           |
| 2925 FO<br>KISSIMM<br>Pursuant<br>office or a<br>agent. I a<br>SNATURE<br>E<br>ME<br>EET ADDRESS<br>Y-ST-ZIP<br>E   | NTIER DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signature, typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>S  | registered agent and title if ,<br>ICERS AND DIRECT                    | applicable. (NG<br>ORS  | DTE: Registore<br><b>13.</b><br>1.1 Ti<br>1.2 No<br>1.3 Si   | B3     B4 City     Dove-named cor     d by the corpora     utes.     Agent signature requ      ILE     IME     REET ADDRESS     TY-ST-ZIP     ILE   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | changing il<br>ointment as   | is registered<br>registered<br>IS IN 12           |
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| 2925 FO<br>KISSIMM<br>Pursuant<br>office or is<br>agent. I a<br>SNATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E   | Intier DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signature, typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>S<br>FORD, JOHNS  | registered agent and title if ,<br>ICERS AND DIRECT                    |   | DTE Registore<br>13.<br>1.1 TF<br>1.2 NJ<br>1.3 ST<br>1.4 Cl<br>2.1 TF<br>2.2 NJ<br>2.3 ST<br>2.4 C  | B3     B4 City     Dove-named cor     d by the corpora     utes.     d Agent signature requ      ILE     IME     REET ADDRESS     TY-ST-ZIP     ILE     MME     REET ADDRESS     ITY-ST-ZIP   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | Changing il<br>changing il<br>change   | IS registered<br>registered<br>IS IN 12<br>Additi |
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| 2925 FÖ<br>KISSIMM  | NTIER DR<br>IEE FL 34744   | registered egent and tale (<br>ICERS AND DIRECT                        |   | DTE Registore<br>13.<br>1.1 TF<br>1.2 N/<br>1.3 ST<br>1.4 CC<br>2.1 TF<br>2.2 N/<br>2.3 ST<br>2.4 C<br>3.1 TT<br>3.2 N/  | B3     B4     City     Dove-named cor     d by the corpora     utes.     Agent signature requ      ILE     ME     REET ADDRESS     TY-ST-ZIP     LE     ME     REET ADDRESS     ITY-ST-ZIP     LE   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | Changing il<br>changing il<br>change   | is registered<br>registered<br>IS IN 12<br>Additi |
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| 2925 FO<br>KISSIMM<br>Pursuant<br>office or a<br>agent. 1 a<br>SINATURE<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>E<br>EET ADDRESS                                  | Intier DR<br>IEE FL 34744<br>to the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signature, typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>S<br>FORD, JOHNS<br>2025 FRONTIER DR.<br>KISSIMMME FL<br>T<br>EVANS, JEANNETTE<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>PD<br>WEEKS, STEVE R<br>3485 FOREST DR<br>KISSIMMEE FL<br>D<br>MILLER, JACQUE H.<br>202 E PRINCE AVE                     | E  |   | DTE Registore<br>13.<br>1.1 TF<br>1.2 N/<br>1.3 SI<br>1.4 CF<br>2.1 TF<br>2.2 N/<br>2.3 ST<br>2.4 CF<br>3.1 TT<br>3.2 N/<br>3.3 ST<br>3.4 CF<br>4.1 TF<br>4.2 N/<br>4.3 ST<br>4.4 CF<br>5.1 TF<br>5.2 N/<br>5.3 ST                               | 83         84       City         Dove-named cord         by the corporative requires.         I Agent signature requires.         I Agent signature requires.         I Agent signature requires.         I Agent signature requires.         I LE         ME         REET ADDRESS         ITY-ST-ZIP         ILE         ME         REET ADDRESS         ITY-ST-ZIP         ILE         AME         REET ADDRESS         IY-ST-ZIP         ILE         ME         REET ADDRESS   | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | Changing il<br>changing il<br>change DIRECTOR Change Change Change Change Change | is registere<br>registered<br>IS IN 12<br>Additi  |
| 2925 FO<br>KISSIMM<br>Pursuant<br>office or a<br>agent. 1 a<br>BINATURE<br>E<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>E<br>E<br>EET ADDRESS<br>Y-ST-ZIP                      | NTIER DR<br>IEE FL 34744   | E  |   | DTE Registore<br>13.<br>1.1 TF<br>1.2 N/<br>1.3 SI<br>1.4 CF<br>2.1 TF<br>2.2 N/<br>2.3 ST<br>2.4 CF<br>3.1 TT<br>3.2 N/<br>3.3 ST<br>3.4 CF<br>4.1 TF<br>4.2 N/<br>4.3 ST<br>4.4 CF<br>5.1 TF<br>5.2 N/<br>5.3 ST                               | 83         84       City         Dove-named cord         by the corporative requires.         I Agent eignature requires.         I Agent eignature requires.         I Agent eignature requires.         I LE         ME         REET ADDRESS         IY-SI-ZIP         ILE         ME         REET ADDRESS         IY-SI-ZIP         ILE         ME         REET ADDRESS         IY-SI-ZIP         ILE         AME         REET ADDRESS         IY-SI-ZIP         ILE         AME         REET ADDRESS         IY-SI-ZIP         ILE         ME         REET ADDRESS         IY-  | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | Changing il<br>changing il<br>change DIRECTOR Change Change Change Change Change | is registere<br>registered<br>IS IN 12<br>Additi  |
| 2925 FO<br>KISSIMM<br>Office or a<br>agent. I a<br>BINATURE<br>BINATURE<br>BINATURE<br>BINATURE<br>BINATURE<br>BINATURE<br>LE<br>AE<br>EET ADDRESS<br>Y-ST-ZIP<br>LE<br>AE<br>EET ADDRESS<br>Y-ST-ZIP   | Intier DR<br>IEE FL 34744<br>It the provisions of Section<br>registered agent, or both, in<br>am familiar with, and accep<br>Signiture typed or printed name of<br>OFF<br>D<br>EVANS FOREST C<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>S<br>FORD, JOHNS<br>2925 FRONTIER DR.<br>KISSIMMME FL<br>T<br>EVANS, JEANNETTE<br>801 E MICHIGAN AVI<br>ORLANDO, FL 00000<br>PD<br>WEEKS, STEVE R<br>3465 FOREST DR<br>KISSIMMEE FL<br>D<br>MILLER, JACQUE H.<br>202 E PRINCE AVE<br>ORLANDO FL        | E  |   | DTE Registore<br>13.<br>1.1 TF<br>1.2 N/<br>1.3 SI<br>1.4 CI<br>2.1 TF<br>2.2 N/<br>2.3 ST<br>2.4 CC<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 CC<br>4.1 TF<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TF<br>5.2 N/<br>5.3 ST<br>5.4 CI                     | 83         84       City         Dove-named cord         by the corporative requires.         I Agent signature requires.         I Agent signature requires.         I Agent signature requires.         I Agent signature requires.         ILE         ME         REET ADDRESS         ITY-ST-ZIP         ILE         ME         REET ADDRESS         ITY-ST-ZIP         ILE         AME         REET ADDRESS         IY-ST-ZIP         ILE         ME         REET ADDRESS         IY-ST-ZIP         ILE         ME <tr< td=""><td>poration submits this statement fo<br/>stion's board of directors. I hereby<br/>ared when reinstating)</td><td>FL<br/>the purpose of<br/>accept the app<br/>DATE</td><td>Changing ii<br/>ointment as DIRECTOR Change Change Change Change Change Change</td><td>s registere<br/>registered</td></tr<>  | poration submits this statement fo<br>stion's board of directors. I hereby<br>ared when reinstating) | FL<br>the purpose of<br>accept the app<br>DATE | Changing ii<br>ointment as DIRECTOR Change Change Change Change Change Change    | s registere<br>registered                         |
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