

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 59

DOCUMENT # **724809** (9)

1. Corporation Name

WALTER A. ROUTH JR. MISSIONARY ASSN., INC.

Principal Place of Business

Mailing Address

200 WEST FIRST ST. SUITE 22
POST OFFICE BOX 1551
SANFORD FL 32772-8551

200 WEST FIRST ST. SUITE 22
POST OFFICE BOX 1551
SANFORD FL 32772-8551

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/16/1972** 3a. Date of Last Report **02/02/1994**

4. FEI Number **23-7281935** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

32772-1551

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTOSH, KENNETH W.
200 W. 1ST ST., SUITE 22
SUN BANK
SANFORD FL

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MCINTOSH, KENNETH W.
STREET ADDRESS	951 POWHATAN DRIVE
CITY-ST-ZIP	SANFORD FL
TITLE	TD
NAME	KNIGHT, CHAS. D.
STREET ADDRESS	2541 S. MAGNOLIA AVE.
CITY-ST-ZIP	SANFORD FL
TITLE	SD
NAME	WINSHIP, GENE
STREET ADDRESS	3530 GREATBEAR COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	COLSON, JAMES T.
STREET ADDRESS	12803 SLIPPERY ELM CT
CITY-ST-ZIP	RIVERVIEW FL
TITLE	D
NAME	BUTCHER, LOIS M.
STREET ADDRESS	1808 S. MAGNOLIA AVENUE
CITY-ST-ZIP	SANFORD FL
TITLE	VD
NAME	ROUTH, WALTER A., JR.
STREET ADDRESS	C/O 200 W. FIRST ST.
CITY-ST-ZIP	SANFORD FL

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or on an attachment thereto.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH W. MCINTOSH

January 17, 1995 (407) 322.2171

Date

Daytime Phone #