

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724809 (9)

1. Corporation Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/16/1972

3a. Date of Last Report

01/24/1996

4. FEI Number

23-7281935

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
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--- 951 Powhatan Drive

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, KENNETH W.	
STREET ADDRESS	951 POWHATAN DRIVE	
CITY-ST-ZIP	SANFORD FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCINTOSH, ROBERT K.	
1.3 STREET ADDRESS	17 Stone Gate South	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNIGHT, CHAS. D.	
STREET ADDRESS	2541 S. MAGNOLIA AVE.	
CITY-ST-ZIP	SANFORD FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WINSHIP, BEVERLY	
2.3 STREET ADDRESS	3530 Greatbear Court	
2.4 CITY-ST-ZIP	ORLANDO, FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINSHIP, GENE	
STREET ADDRESS	3530 GREATBEAR COURT	
CITY-ST-ZIP	ORLANDO FL	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROUTH, Pauline D.	
3.3 STREET ADDRESS	% 200 West First Street	
3.4 CITY-ST-ZIP	SANFORD, FL 32771	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLSON, JAMES T.	
STREET ADDRESS	12803 SLIPPERY ELM CT	
CITY-ST-ZIP	RIVERVIEW FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONALDSON, PAT	
4.3 STREET ADDRESS	209 Dogwood Drive	
4.4 CITY-ST-ZIP	SANFORD, FL 32771	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTCHER, LOIS M.	
STREET ADDRESS	1606 S. MAGNOLIA AVENUE	
CITY-ST-ZIP	SANFORD FL	

5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SMITH, TOM, III	
5.3 STREET ADDRESS	1528 Mockingbird Lane	
5.4 CITY-ST-ZIP	LONGWOOD, FL 32750	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROUTH, WALTER A., JR.	
STREET ADDRESS	C/O 200 W. FIRST ST.	
CITY-ST-ZIP	SANFORD FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCINTOSH, KENNETH W.	
6.3 STREET ADDRESS	951 Powhatan Drive	
6.4 CITY-ST-ZIP	SANFORD, FL 32771	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOIS M. BUTCHER

1.7.97

(407) 322.1603

Date

Daytime Phone # 0014680

CR2E037 (9/96)