

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 724809**

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**

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

03-22-1999 90030 025 \*\*\*\*61.25

246348 - 90030 - 25



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

3. Date Incorporated or Qualified

**11/16/1972**

4. FEI Number

**23-7281935**

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

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

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 **D** ☐ DELETE  
NAME **SMITH, III T**  
STREET ADDRESS **1528 MOCKINGBIRD LANE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☐ DELETE  
NAME **MCINTOSH, ROBERT K**  
STREET ADDRESS **17 STONE GATE SOUTH**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE  
NAME **DONALDSON, PAT**  
STREET ADDRESS **209 DOGWOOD DRIVE**  
CITY-ST-ZIP **SANFORD FL**

TITLE **D** ☒ DELETE  
NAME **COLSON, JAMES T.**  
STREET ADDRESS **12803 SLIPPERY ELM CT**  
CITY-ST-ZIP **RIVERVIEW FL**

TITLE **D** ☐ DELETE  
NAME **BUTCHER, LOIS M.**  
STREET ADDRESS **1606 S. MAGNOLIA AVENUE**  
CITY-ST-ZIP **SANFORD FL**

TITLE **VD** ☐ DELETE  
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 ☐ 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 **D**  
4.3 STREET ADDRESS **McINTOSH, KENNETH W.**  
4.4 CITY-ST-ZIP **951 POWHATAN DRIVE  
SANFORD, FL**

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

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:

**ROBERT K. MCINTOSH**

**3/12/99**

**407-322-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

246848-90030-25  
724809

Additional Officers Document #724809 - Walter A. Routh Jr. Missionary Assn., Inc.

Title	Name/Address
D	WINSHIP, BEVERLY 3530 GREATBEAR COURT ORLANDO, FL
D	EDGEMON, JAMES 103 LOCH ARBOR COURT SANFORD, FL
TD	KNIGHT, CHAS. D. 2541 S. MAGNOLIA AVE. SANFORD, FL
SD	WINSHIP, GENE 3530 GREATBEAR COURT ORLANDO, FL