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

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

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	<input type="checkbox"/> DELETE
NAME	SMITH, III T	
STREET ADDRESS	1528 MOCKINGBIRD LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, ROBERT K	
STREET ADDRESS	17 STONE GATE SOUTH	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALDSON, PAT	
STREET ADDRESS	209 DOGWOOD DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLSON, JAMES T.	
STREET ADDRESS	12803 SLIPPERY ELM CT	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTCHER, LOIS M.	
STREET ADDRESS	1606 S. MAGNOLIA AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> 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	<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 checked="" type="checkbox"/> 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	<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 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