

FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728953 (1)
1. Corporation Name
THE CHURCH OF THE MESSIAH OF WINTER GARDEN, INC.

Principal Place of Business Mailing Address
260 N. WOODLAND ST.
P.O. BOX 771044
WINTER GARDEN FL 34777-1044
260 N. WOODLAND ST.
P.O. BOX 771044
WINTER GARDEN FL 34777-1044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1974 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1440066 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RADEBAUGH, JAMES G, REV
TILDENVILLE SCHOOL RD
OAKLAND FL 32760

81 Name RADEBAUGH, JAMES G., REV.
82 Street Address (P.O. Box Number Is Not Acceptable) 5380 ALLIGATOR LAKE RD.
83
84 City ST. CLOUD FL 85 Zip Code 34772

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME BRADFORD, WILLIAM S
STREET ADDRESS 535 W AVE
CITY-ST-ZIP WINDERMERE FL
TITLE T
NAME MCCAIN, ANITA Q
STREET ADDRESS 7406 RADIANT CIRCLE
CITY-ST-ZIP ORLANDO FL
TITLE PD
NAME RADEBAUGH, JAMES G
STREET ADDRESS TILDENVILLE SCHOOL RD
CITY-ST-ZIP OAKLAND, FL 00000
TITLE D
NAME MITCHELL, ROBERT
STREET ADDRESS 1401 KELSO BLVD.
CITY-ST-ZIP WINDERMERE FL
TITLE D
NAME BOUSFIELD, ROBERT
STREET ADDRESS 3181 AVALON ROAD
CITY-ST-ZIP WINTER GARDEN FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE SECRETARY (D) ☒ Change ☐ Addition
1.2 NAME CHATHAM, BETTYE
1.3 STREET ADDRESS # 1ST COURT
1.4 CITY-ST-ZIP WINDERMERE, FL 34786
2.1 TITLE TREASURER (T) ☒ Change ☐ Addition
2.2 NAME GREER, DONARD R.
2.3 STREET ADDRESS 1119 S. OAKDALE ST.
2.4 CITY-ST-ZIP WINDERMERE, FL 34786
3.1 TITLE RECTOR (PRESIDENT) ☒ Change ☐ Addition
3.2 NAME RADEBAUGH, JAMES G.
3.3 STREET ADDRESS 5380 ALLIGATOR LAKE RD.
3.4 CITY-ST-ZIP ST. CLOUD, FL 34772
4.1 TITLE SENIOR OFFICER (D) ☒ Change ☐ Addition
4.2 NAME WATSON, RODGER
4.3 STREET ADDRESS 6229 CHINABERRY DR.
4.4 CITY-ST-ZIP ORLANDO, FL 32808
5.1 TITLE JUNIOR OFFICER (D) ☒ Change ☐ Addition
5.2 NAME BOUSFIELD, ROBERT
5.3 STREET ADDRESS 3181 AVALON RD.
5.4 CITY-ST-ZIP WINTER GARDEN, FL 34787
6.1 TITLE OFFICER (D) ☒ Change ☐ Addition
6.2 NAME BRADFORD, WILLIAM S.
6.3 STREET ADDRESS 535 W. 2ND AVE.
6.4 CITY-ST-ZIP WINDERMERE, FL 34786

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)(k), 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

1/20/95

407-656-3218