

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90081 042 ****61.25

0018115

DOCUMENT # 736370

1. Corporation Name

THE SHENANDOAH BAPTIST CHURCH, INCORPORATED

Principal Place of Business

7308 PERSHING AVE E
ORLANDO FL 32822

Mailing Address

7308 PERSHING AVE E
ORLANDO FL 32822



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/13/1976

4. FEI Number

59-2319203

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

NORRIS, KEITH
7332 E PERSHING AVENUE
ORLANDO FL 32212

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 ☐ DELETE

NAME PD
STREET ADDRESS NORRIS, KEITH
CITY-ST-ZIP 7332 E PERSHING AVENUE
ORLANDO FL 32822

TITLE ☒ DELETE

NAME V
STREET ADDRESS GRAHAM, RUSSELL
CITY-ST-ZIP 6414 NEW HOPE RD
ORLANDO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS POPE, JAMES W
CITY-ST-ZIP 5900 LYLE ST
ORLANDO, FL 00000

TITLE ☒ DELETE

NAME T
STREET ADDRESS ROGERS, ERNESTINE
CITY-ST-ZIP 4519 GRENOBLE DRIVE
ORLANDO, FL 00000

TITLE ☐ DELETE

NAME S
STREET ADDRESS ROGERS, VONDA K
CITY-ST-ZIP 4524 GRENOBLE DRIVE
ORLANDO FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS CARPENTER, ED
CITY-ST-ZIP 3609 PONCEAU
ORLANDO, FL 00000

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/13/99 407/3800438