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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **742583** **(8)**

1. Corporation Name

LOCKWOOD MISSIONARY BAPTIST CHURCH OF ORLANDO, I NC.

Principal Place of Business	Mailing Address
16224 OLD CHENEY HIGHWAY ORLANDO FL 32833-2783	16224 OLD CHENEY HIGHWAY ORLANDO FL 32833-2783

3. Date Incorporated or Qualified: 04/26/1978
3a. Date of Last Report: 03/26/1996

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

4. FEI Number: 59-3010427 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAVON, WILLIAM
447 EXETER ST.
ORLANDO FL 32820

10. Name and Address of New Registered Agent

81 Name: Randy Mullins
82 Street Address (P.O. Box Number is Not Acceptable): 13808 Belles Lane
83:
84 City: Orlando, FL 85 Zip Code: 32826

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: Randy Mullins, Treasurer — Rob Bowlware
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	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRIEST, JOE		1.2 NAME		
STREET ADDRESS	455 MCLAIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	HESTER, BILLY		2.2 NAME		
STREET ADDRESS	1505 WHITE AVENUE		2.3 STREET ADDRESS	15155 Celestial Street	
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	Christmas, FL 32709	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TANNER, JOHN		3.2 NAME		
STREET ADDRESS	3465 PHILLIPS ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHRISTMAS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, ANDREW		4.2 NAME		
STREET ADDRESS	2007 10TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, GENE		5.2 NAME		
STREET ADDRESS	777 LOCKWOOD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D,T	☐ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	Rob Bowlware		6.2 NAME		
STREET ADDRESS	930 Poinsetta Drive		6.3 STREET ADDRESS		
CITY-ST-ZIP	Chuluota, FL 32766		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Rob Bowlware ROBERT Rob Bowlware 04/28/97 407-568-3843 407-365-8471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018330