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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747979** (3)

1. Corporation Name

**ROSEMONT BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

**4236 JOHN YOUNG PKWY  
P.O. BOX 54-7903 (328547903)  
ORLANDO FL 32804  
US**

**P O BOX 547903  
P.O. BOX 54-7903 (328547903)  
ORLANDO FL 32854-7903  
US**

3. Date Incorporated or Qualified

**07/06/1979**

4. FEI Number

**59-1027422**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

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

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL EDWARD  
7845 BOREAS DR  
ORLANDO FL 32810**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BELL, ED**  
STREET ADDRESS **7845 BOREAS DR**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **TR** ☒ DELETE  
NAME **TINCHER, GORDON**  
STREET ADDRESS **6714 HILLTOP ROAD**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **TR** ☐ DELETE  
NAME **MADDOX, WILSON R.**  
STREET ADDRESS **655 BARRY STREET**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **O** ☐ DELETE  
NAME **BELL, BARBARA**  
STREET ADDRESS **7845 BOREAS**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **O** ☐ DELETE  
NAME **MADDOX, LAURA**  
STREET ADDRESS **4909 KARL LANE**  
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME **TR**  
23 STREET ADDRESS **TESTON, LONNIE**  
24 CITY - ST - ZIP **2200 Queensway Road**  
**Orlando FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE: *Barbara C Bell* - BARBARA C. BELL Treasurer 2/12/98 407-2778629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012800

CR2E037 (10/97)