


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90067 020 \*\*\*\*61.25

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|---|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 755192**

1. Corporation Name

**CORRINE DRIVE BAPTIST CHURCH, INC.**

Principal Place of Business

3201 CORRINE DRIVE  
 ORLANDO FL 32803

Mailing Address

3201 CORRINE DRIVE  
 ORLANDO FL 32803



|   |  |                        |  |                                   |  |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business                            |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified |  |
| 21 Suite, Apt. #, etc.                                    |  | 26 Suite, Apt. #, etc. |  | 11/19/1980                        |  |
| 22 City & State   |  | 27 City & State        |  | 4. FEI Number                     |  |
| 23 Zip  |  | 28 Zip                 |  | 59-0932854                        |  |
| 24 Country  |  | 29 Country             |  | 30                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> |  |                        |  | Applied For                       |  |
|   |  |                        |  | Not Applicable                    |  |
|   |  |                        |  | \$8.75 Additional Fee Required    |  |
| 6. Election Campaign Financing <input type="checkbox"/>   |  |                        |  | \$5.00 May Be Added to Fees       |  |
|   |  |                        |  | Trust Fund Contribution           |  |

9. Name and Address of Current Registered Agent

**WAGNER, CECIL F.**  
**2818 NORTHWOOD BLVD**  
**3201 CORRINE DR.**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent

|   |                     |    |
|---|---------------------|----|
| 81 Name   | Newby, Ron W.       |    |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 3818 Northwood Blvd |    |
| 83  |                     |    |
| 84 City   | Orlando             | FL |
| 85 Zip Code   | 32803               |    |

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

*Ron W. Newby*

*Ron W. Newby Pastor*

*4-27-99*

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                      | SD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BRADFORD, JAMES T.                            | 1.2 NAME  |  |
| STREET ADDRESS             | 1222 N. BUMBY                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                                    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WAGNER, CECIL F.                              | 2.2 NAME  |  |
| STREET ADDRESS             | 2818 NORTHWOOD BLVD                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL                                    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KELLY, JACK                                   | 3.2 NAME  |  |
| STREET ADDRESS             | 1900 WINTER PARK ROAD                         | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | WINTER PARK FL 32789                          | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WAGNER, TOM C.                                | 4.2 NAME  |  |
| STREET ADDRESS             | 3217 CORRINE DR.                              | 4.3 STREET ADDRESS                                    | 408 Jamestown Dr   |
| CITY-ST-ZIP                | ORLANDO FL                                    | 4.4 CITY-ST-ZIP                                       | Winter Park FL 32792   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | AXTON, Howard                                 | 5.2 NAME  |  |
| STREET ADDRESS             | 3345 Keystone DR.                             | 5.3 STREET ADDRESS                                    | 3345 Keystone DR   |
| CITY-ST-ZIP                | ORLANDO FL 32806                              | 5.4 CITY-ST-ZIP                                       | ORLANDO FL 32806   |
| TITLE                      | D <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Bradford, James T. JR.                        | 6.2 NAME  |  |
| STREET ADDRESS             | 5523 Kingswood DR.                            | 6.3 STREET ADDRESS                                    | 5523 Kingswood DR  |
| CITY-ST-ZIP                | ORLANDO FL 32810                              | 6.4 CITY-ST-ZIP                                       | ORLANDO FL 32810   |

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:** *Ron W. Newby* **SIGNATURE REQUIRED** *Ron W. Newby Pastor* *4-27-99* *407-629-4029*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)