

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755192**

1. Entity Name  
CORRINE DRIVE BAPTIST CHURCH, INC.



Principal Place of Business  
3201 CORRINE DRIVE  
ORLANDO, FL 32803

Mailing Address  
3201 CORRINE DRIVE  
ORLANDO, FL 32803

**DO NOT WRITE IN THIS SPACE**



01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0932854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NEWBY, RON W  
12009 PHILBROOK CT  
ORLANDO, FL 32825

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRADFORD, JAMES T. 1222 N. BUMBY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AXTON, HOWARD 3345 KEYSTONE DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRADFORD, JAMES T JR 5523 KINGSWOOD DR ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLUM, JASON 7819 AUTUMNWOOD DRIVE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000030088  
02/04/04-80094-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** James T Bradford JAMES T BRADFORD 2-1-04 404-594-3625  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #