2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755102



FILED May 09, 2005 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL Delete NAME AXTON, HOWARD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Delete TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ORLANDO, FL 32810 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810	1. Entity Name CORRINE DRIVE BAPTIST CHURCH, INC.					05-	-09-2005 9028	35 034 ****61	.25	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1262005 Chg-NP CR2E037 (10/03) Chy & State Cay & State Country Country Solutional Political of Status Desired See Required See Required See Required See Required See Required City Cay & State City & State City & State City & State of Status Desired Street Address of New Registered Agent To Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Cay & State City Cay & State of Status Desired Street Address of New Registered Agent To Name and Address of New Registered Agent City Cay & State of Status Desired Street Address (P.O. Box Number is Not Acceptable) City Cay & State of	3201 CORRINE DRIVE			3201 CORRINE DRIVE		14011916				
City & State Country Country S. Certificate of Status Desired \$8.75 Additional Foe Required Sequence For Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address of Political agent. NOTE: Registered Agent signature required when increasing: Discovery of the privace name of registered agent address of Florida. I am familiar with, and acceptable agent	2. Principal Place of Business			3. Mailing Address						
Zip Country Zip Country 59-0932854 Not Appli Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$9.75 Additional Fee Required	Suite, Apt. #, etc.			Suite, Apt. #, etc.		01262005 Chg	-NP CR	2E037 (10/03)		
Signature Sign	City & State			City & State						
Name and Address of Current Registered Agent Name Name Name	Zip		Country	- Zip Country			5. Certificate of Status Desired S8.75 Additional			
NEWBY, RON W 12009 PHILBROOK CT ORLANDO, FL 32825 Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered Agent		7. Name and Addre	ss of New Registe	· · · · · · · · · · · · · · · · · · ·		
Street Address (P.O. Box Number is Not Acceptable)				,	Name		oo o i ion ttogioto	, ou rigon		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE	12009 PHI	LBROOK			Street Addres					
the obligations of registered agent. Signature Row W .					City			FL Zip Code	,	
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD NAME BRADFORD, JAMES T. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE D AXTON, HOWARD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ANAME ANAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 TITLE D ORLANDO, FL 32806 TRIEET ADDRESS CITY-ST-ZIP ORLANDO, FL 32800 ORLANDO, FL 32810 ORLANDO, FL 32810 ORLANDO, FL 32810	the obligat	tions of regist	tered agent. ル W . <i>W</i> e	ر بوطس	Bon W	: nue	5	-5-05		
TITLE SD Delete TITLE NAME BRADFORD, JAMES T. STREET ADDRESS 1222 N. BUMBY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE NAME AXTON, HOWARD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 TITLE D Change AXTON, Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 TITLE NAME STREET ADDRESS STREET ADDR	ι.									
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NAME STREET ADDRESS 3345 KEYSTONE DR CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP Delete NAME BRADFORD, JAMES T JR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810	NAME STREET ADDRESS	BRADFOI 1222 N. B	UMBY	□ Delete	name Street address			☐ Change	Addition	
NAME BRADFORD, JAMES T JR NAME STREET ADDRESS 5523 KINGSWOOD DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32810 CITY-ST-ZIP	NAME STREET ADDRESS	AXTON, H 3345 KEY	STONE DR	☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
TITLE D Delete TITLE Change A	NAME STREET ADDRESS	BRADFO 5523 KING	GSWOOD DR	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME ALLUM, JASON NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP	NAME STREET ADDRESS	ALLUM, J 7819 AUT	UMNWOOD DRIVE	☐ Delete	NAME STREET ADDRESS			Change	☐ Addition	
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 only that I am an officer or disc	U U. 2									

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

SIC	3N/	ATI I	IRE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-629-4029 Daytime Prone #