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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996  |   |  | 11100              | DIVISION                            | DIVISION OF CORPORATIONS         |   |                                   |  |                           |                                 |
|---|---|--|--------------------|-------------------------------------|----------------------------------|---|-----------------------------------|--|---------------------------|---------------------------------|
| OCUN  | MENT<br>Name                                      | <b>#</b> 7   | 64793              | (6)                                 | -                                |   |                                   |  |                           |                                 |
|   |   |  | NARY BAPTI         | ST CHURCH, IN                       | IC.                              | ·   | 100                               |  |                           | 4.411 61634 1881                |
|   |   |  |                    |                                     |                                  |   |                                   |  |                           |                                 |
| ncipal Place  | of Business                                       |  |                    | Mailing Address                     |                                  |   |                                   | T 1887II IADIA BIRII BIAIN JARIA (PIBI   | ;                         | 141 <b>0</b> 1 01 01 01611 1001 |
| 1021 RALEIG<br>ORLANDO FL   | -   |  |                    | 4021 RALEIGH STF<br>ORLANDO FL 3281 |                                  |   |                                   |  |                           |                                 |
|   |   |  |                    |                                     |                                  |   |                                   | 3. Date Incorporated or Qualified 09/01/1982   | 3a. Date of Las<br>05/01/ |                                 |
| Principal Pla   | ace of Busine                                     | ess  |                    | 2a. Mailing Address                 |                                  |   |                                   | 4. FEI Number  |                           | Applied For                     |
|   |   |  | [:                 | 26                                  |                                  |   |                                   | 59-3057946   | 00.7                      | Not Applicable                  |
| Suite, Apt. #, etc.   |   |  | [,                 | Suite, Apt. #, etc                  |                                  |   |                                   | 5. Certificate of Status Desired   | 7                         | 5 Additional<br>Required        |
| City & State  | )   |  |                    | City & State                        |                                  |   | •                                 | Election Campaign Financing     Trust Fund Contribution  | T                         | 00 May Be<br>ed to Fees         |
| Zip   |   | Countr   |                    | Zip                                 |                                  | ountry  |                                   | 8. This corporation has liability for in   |                           | s. 199.032,                     |
|   |   | 25   |                    | 29                                  | 30                               |   |                                   |  | Yes No                    |                                 |
|   | 9. Name   | and Addre  | ess of Current Re  | gistered Agent                      |                                  | 81  | Name                              | 10. Name and Address of New Ro   | gistered Agent            |                                 |
|   |   |  |                    |                                     |                                  | 81  | Name                              |  |                           |                                 |
| KING, V   | VILLIE  |  |                    |                                     |                                  | 82  | Street Addr                       | ess (P.O. Box Number is Not Acceptabl  | e)                        |                                 |
| 610 WEST MILLER STREET  |   |  |                    |                                     |                                  | 83  |                                   |  | ·········                 |                                 |
| ORLANI  | DO FL 328   | 05   |                    |                                     |                                  |   |                                   |  |                           |                                 |
|   |   |  |                    |                                     |                                  | 84  | City                              |  | F1 85 2                   | Zip Code                        |
| tamiliar wi<br>SNATURE .  |   |  | ations of, Section |                                     |                                  |   | nt signature require              | of of directors. I hereby accept the appoint of directors of the directors | DATE                      |                                 |
|   |   | (  | OFFICERS AND D     |                                     | 1:                               |   |                                   | ADDITIONS/CHANGES TO OFFI  |                           |                                 |
| .F  | TD  |  |                    | DELETE                              |                                  | TITLE   |                                   |  | Change                    | : LJ ADDITION                   |
| ΛÉ  | KING, 1   |  | _                  |                                     |                                  | NAME  |                                   |  |                           |                                 |
| EFT ADDRESS   |   | EST MILLE  | R                  |                                     |                                  |   | ADDRESS                           |  |                           |                                 |
| r-S1-ZIP  | ORLAN   | DO FL  |                    | DELETE                              |                                  | I CITY-S  | S1 - ZIP                          |  | Change                    | Addition                        |
| .E<br>ME  | SD  | N, HARRO   | ni n               | Doccere                             |                                  | NAME  |                                   |  |                           |                                 |
| REET ADDRESS  |   | OPPY AVI   |                    |                                     | 2.3                              | STREE   | T ADDRESS                         |  |                           |                                 |
| Y-ST-ZIP  | ORLAN   |  | LITOL              |                                     | 2.                               | 4 CITY-   | ST-ZIP                            |  |                           |                                 |
| .E  | VD  | <u> </u>   |                    | DELETE                              | 3.                               | TITLE   |                                   |  | Chang                     | e 🔲 Addition                    |
| ΜE  | WATTS   | , LEROY  |                    |                                     | 3.3                              | 2 NAME  |                                   |  |                           |                                 |
| REET ADDRESS  |   | PEDMONT  | •                  |                                     | 3.3                              | STREE   | T ADDRESS                         |  |                           |                                 |
| Y-ST-ZIP  | ORLAN   | IDO FL   |                    |                                     |                                  |   |                                   |  |                           |                                 |
| Æ   | DD  |  |                    | <b>—</b>                            |                                  |   | ST-ZIP                            |  | Chana                     | a Addition                      |
| <b>A</b> E  | PD  |  |                    | DELETE                              | 4.                               | 1 TITLE   |                                   |  | Chang                     | e Addition                      |
| ***   | HOLM  | ES, LOUIS  | F                  | DEFFELE                             | 4.                               | 1 TITLE<br>2 NAME   |                                   |  | ☐ Chang                   | e 🔲 Addition                    |
|   | HOLMI<br>2149 A                                   | ES, LOUIS<br>VARON AV                                    | F                  | DOELETE                             | 4.<br>4.<br>4.                   | 1 TITLE<br>2 NAME<br>3 STREE  | T ADDRESS                         |  | ☐ Chang                   | e 🔲 Addition                    |
| Y-ST-ZIP  | HOLMI<br>2149 A<br>ORLAN                          | ES, LOUIS  | F                  |                                     | 4.<br>4.<br>4.                   | 1 TITLE<br>2 NAME<br>3 STREE<br>4 CITY-                                 | T ADDRESS                         |  | ☐ Chang                   |                                 |
| Y-ST-ZIP<br>LE  | HOLMI<br>2149 A<br>ORLAN<br>SD                    | es, Louis<br>Varon av<br>Vido Fl                         | F<br>ENUE          | DELETE                              | 4.<br>4.<br>4.<br>4.<br>5.       | 1 TITLE<br>2 NAME<br>3 STREE<br>4 CITY-<br>1 TITLE                      | T ADDRESS<br>ST-21P               |  |                           |                                 |
| Y-ST-ZIP<br>LE<br>ME  | HOLMI<br>2149 A<br>ORLAN<br>SD<br>RAYDE           | ES, LOUIS<br>VARON AV<br>IDO FL<br>EAN, WAT              | F<br>FENUE         |                                     | 4.<br>4.<br>4.<br>5.             | 1 TITLE<br>2 NAME<br>3 STREE<br>4 CITY-<br>1 TITLE<br>2 NAME            | I ADDRESS<br>ST-ZIP               |  |                           |                                 |
| LE<br>ME<br>REET ADORESS  | HOLMI<br>2149 A<br>ORLAN<br>SD<br>RAYDE<br>4771 F | ES, LOUIS<br>VARON AV<br>VIDO FL<br>EAN, WAT<br>PIEDMONT | F<br>FENUE         |                                     | . 4.<br>4.<br>4.<br>5.<br>5.     | 1 TITLE<br>2 NAME<br>3 STREE<br>4 CITY-<br>1 TITLE<br>2 NAME<br>3 STREE | T ADDRESS<br>ST-ZIP               |  |                           |                                 |
| TY-ST-ZIP<br>TLE<br>AME<br>THEET ADDRESS<br>TY-ST-ZIP             | HOLMI<br>2149 A<br>ORLAN<br>SD<br>RAYDE<br>4771 F | ES, LOUIS<br>VARON AV<br>IDO FL<br>EAN, WAT              | F<br>FENUE         |                                     | 4.<br>4.<br>4.<br>5.<br>5.<br>5. | 1 TITLE<br>2 NAME<br>3 STREE<br>4 CITY-<br>1 TITLE<br>2 NAME            | T ADDRESS<br>ST-ZIP               |  |                           | e 🔲 Addition                    |
| IREET ADDRESS ITY-ST-ZIP TLE AME THEET ADDRESS ITY-ST-ZIP TLE AME | HOLMI<br>2149 A<br>ORLAN<br>SD<br>RAYDE<br>4771 F | ES, LOUIS<br>VARON AV<br>VIDO FL<br>EAN, WAT<br>PIEDMONT | F<br>FENUE         | DELETE                              | 4. 4. 4. 5. 5. 5. 6.             | 1 TITLE 2 NAME 3 STREE 4 CITY- 1 TITLE 2 NAME 3 STREE 4 CITY-           | T ADDRESS ST-ZIP T ADDRESS ST-ZIP |  | ☐ Chang                   | e 🔲 Addition                    |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Raydlan Watts - RAYDEAN WATTS
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR