


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90059 002 \*\*\*\*61.25

<b>DOCUMENT # N02000007692</b> 1. Entity Name <b>BIBLE WAY BAPTIST CHURCH OF ORANGE-LAKE COUNTY, INC.</b>			
Principal Place of Business <b>2816 BAY ST. S. EUSTIS FL 32726</b>		Mailing Address <b>100 W GOLF LINKS AVE EUSTIS FL 32726</b>	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>2817 Oak Lynn St. apt. C</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>apt. C</i>	
City & State 		City & State <i>Eustis, FL.</i>	
Zip 	Country 	Zip <i>32726</i>	Country <i>Lake</i>
6. Name and Address of Current Registered Agent  <b>TILLIS, JOEL 100 W GOLF LINKS AVE EUSTIS FL 32726</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>      Zip Code         </div>	
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: <i>Joel Tillis</i> <i>1-30-05</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLIS, JOEL 100 W. GOLF LINKS AVE. EUSTIS FL 32726	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>2817 Oak Lynn St. apt. C</i> <i>Eustis, FL. 32726</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CHADWICK, HARGIS 730 HAAS RD. APOPKA FL 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CORP, RAYMOND 110 WINGFIELD DR. UMATILLA FL 32784	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITTINGTON, WARD P.O. BOX 398 TANGERINE FL 32777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7367 Earlwood Ave.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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1st MOORE CR2E037 (10/04)

4. FEI Number **52-2380862** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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: *Joel Tillis*      *1-30-05*      *352 223-0695*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #