

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90071 034 ****61.25

DOCUMENT # N02000007692					
1. Entity Name BIBLE WAY BAPTIST CHURCH OF ORANGE-LAKE COUNTY, INC.					
Principal Place of Business 2816 BAY ST. S. EUSTIS, FL 32726			Mailing Address 2817 OAK LYNN ST APT C EUSTIS, FL 32726		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2380862	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TILLIS, JOEL 100 W GOLF LINKS AVE EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2817 Oak Lynn St. Apt. C City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME TILLIS, JOEL <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2817 OAK LYNN ST APT C	CITY-ST-ZIP EUSTIS, FL 32726		STREET ADDRESS 	CITY-ST-ZIP	
TITLE VPT	NAME CHADWICK, HARGIS <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 730 HAAS RD.	CITY-ST-ZIP APOPKA, FL 32712		STREET ADDRESS 	CITY-ST-ZIP	
TITLE TT	NAME CORP, RAYMOND <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 110 WINGFIELD DR.	CITY-ST-ZIP UMATILLA, FL 32784		STREET ADDRESS 	CITY-ST-ZIP	
TITLE T	NAME WITTINGTON, WARD <input checked="" type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7367 EARLWOOD AVE	CITY-ST-ZIP TANGERINE, FL 32777		STREET ADDRESS 	CITY-ST-ZIP	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: <i>Raymond Corp</i> Raymond Corp			1-30-06 352-669-1028		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		