FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

60 CROWN CREST

OTTOWA ON

(0)

	F	ILED	
May	19	1998	8:00am
Sec	ret	ary of	State

	OLD C	RIHULIU	CHURCH, INC.											
Principal Place of Business Mailing Address									Ī	i 1004191 dii airda itki jadig ildia ildi airii d		 	AIBII IBAI	
1410 LAKE TARPON AVENUE 1410 LAKE TARPON AVENUE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689									3. Date Incorporated or Qualified 05/31/1991					
									4.	FEI Number 59-3127960			ed For applicable	
2. 21	Principal Pla	ncipal Place of Business			2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Regulred						
22	Sulte, Apt. #, etc.				Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
23	City & State			City & State			7. Is this nonprofit corporation a homeowners association?							
	Zip		Country	Zip 29		Coun	ntry		8.	This corporation owes or has paid the cu		Inten		
24		6 Name	25 and Address of Curre			<u> </u>			40	Name and Address of New Registered		٠ يــــــا	10	
┢		Q. (101110	and Address of Curre	iii Hogistaraa Ag	0111		B1	Name	10.	Traine and Frage of their Fings				
	PECTOR	DORFRE	·1			L			75	O. Davidson in the Accessories				
RECTOR, ROBERT L. 1410 LAKE TARPON AVENUE TARPON SPRINGS FL 34689						B2	Street Addre	355 (F	P.O. Box Number is Not Acceptable)					
					Ī	ВЗ								
						þ	B4	City	FL 86 Zip Code					
	office or re agent. I ar GNATURE	egi ste red ag n fam iliar w	sions of Sections 617.056 gent, or both, in the State ith, and accept the oblig to printed name of registered ag	e of Florida. Such pations of, Section	change was au 617.0503, Flori	ithorized ida Statu	by ites.	-named corporation the corporation to signature require	on's t	on submits this statement for the purpose of board of directors. I hereby accept the appropriate of the purpose	of changin pointment	gits re as re	egistered gistered	
12			OFFICERS AN	ID DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS	N 12	
TIT	'LE	CDT			DELETE	1.1 TITL	L E				Chan	ge	Addition	
NA	ME	RECTO	r, robert L			1.2 NAS	ΜE							
ST	REET ADDRESS		JOHNSTON RD			1.3 STR	REET	ADDRESS						
CIT	TY-ST-ZIP	DADE (CITY FL.			1.4 C(T)		r-ZIP					1	
	'LE	DT	20222	1	DELETE	2.1 Tetl					Chang	ge i	Addition	
	ME		, ROBERT G.			2.2 NAA								
	REET ADDRESS	SARAS	ALMETTE PL					ADDRESS		\$ * Section 1				
_	Y-ST-ZIP LE	DT	OIA FL	· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 C)T 3.1 TITL		1-217			Chang	ne i	Addition	
l .	ME		SON, DORIS	· ·		3.2 NAA						•		
	REET ADDRESS		ORMANDY BLVD.					address						
1	IY-ST-ZIP	HOLIDA				3.4. CIT								
_	LE .			4.1 TOTA					Chang	ge	Addition			
N/A	JME	RECTO	R, LADONNA			4. 2 NA	ME							
ST	REET ADDRESS		JOHNSTON RD			4.3 STR	REET .	address						
CI	ry-st-zip	_DADE (CITY FL			4.4 CIT	Y - S1	T- ZIP						
	LE	DT			DELETE	5.1 TITL	LE				☐ Chan	ge	Addition	
NA.	ME I	LEMES	URIER. GEORGE HW		•	5.2 NAM	ME							

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 18 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition