

**FILE NOW: FILING FEE IS \$61.25**

APPROVED  
AND  
FILED

97 DEC 16 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997 AMENDED</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *N50161*

1. Corporation Name  
**OCEAN STREET BAPTIST CHURCH, INC.**

*- Amended -*

Principal Place of Business	Mailing Address
1211 Ocean Street Kissimmee, FL 34744	Same

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

3. Date Incorporated or Qualified July 30, 1992	3a. Date of Last Report 10-7-97
4. FEI Number 59-05-014094-55C	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Grover Butler  
5025 Countryside Court  
St. Cloud, FL 34769

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number, if applicable)	83. City	84. State	85. Zip Code
	1000 N 2376891-3	12/18/97	01100	002
		*****61.25		*****61.25
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/T/D <input type="checkbox"/> DELETE
NAME	Grover Butler
STREET ADDRESS	5025 Countryside Court
CITY-ST-ZIP	St. Cloud, FL 34771
TITLE	D/ <input type="checkbox"/> DELETE
NAME	Stan Haire
STREET ADDRESS	2560 Sample Street
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	V/D <input type="checkbox"/> DELETE
NAME	Archie Pomanyville
STREET ADDRESS	422 Rebecca Drive
CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	S/D <input type="checkbox"/> DELETE
NAME	Bernard Blackburn
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/D
4.3 STREET ADDRESS	Bernard Blackburn
4.4 CITY-ST-ZIP	1052 Yellow Rose Dr. Orlando, FL 32818
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*B. Blackburn*  
12/16/97

14. I do 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 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 as changed, or on an attachment with an address.

SIGNATURE: *Grover Butler* 12-11-97 407/957-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GROVER BUTLER, PRESIDENT

CRE037 (9/96)