FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(1)

FILED										
Feb 05 1998 8:00am	1									
Secretary of State										

OCEAN STREET BAPTIST CHURCH, INC.															
Principal Plac	e of Busines	8		٨	failing Address		•]	E LONESTON MOS OTTEN MONDE (18010 DIED)	1181 81811 8	TOTA WINTE BINAL W	11 B11 #1811 1881	
1211 OCEAN S KISSIMMEE FL US				K	1211 OCEAN ST. KISSIMMEE FL 34744-2838 US					Date Incorporated or Qualified 07/30/1992 FEI Number 59-3051741		<u> </u>	pplied For		
2. Principal P	lace of Busi	ness		2a 26	2a. Mailing Address					5. (Certificate of Status Desired		\$8.75	Additional equired	
Suite, Apt.	#, etc.			20	Suite, Apt. #, etc.					B. (Election Campaign Financing		\$5.00		
22				27						_	Trust Fund Contribution		Added t		
City & State	9 -		-	28	City & State					7. Is this nonprofit corporation a homeowners association?					
Zip		1	Country	20				Country			8. This corporation owes or has paid the current year Intangible				
24	25				30			-			Personal Property Tax due June	30.	Yes [N o	
	9. Name	and	Address of Curre	ent Regi	stered Agent			04	Manage	10. I	Name and Address of New Re	gistered	Agent		
								B1	Name						
	i, gr over Duntrysii		OUDT				1	B2	Street Addre	ss (P.0	Box Number is Not Acceptat	ble)			
ST. CLC			1	В3				• •							
י זוויט שו שעבש ויי י							84 City						85 Zip	Code	
					1	- 1		· •			<u>Fl</u>	_ []			
SIGNATURE											submits this statement for the pard of directors. I hereby accept		pointment as	registered	
12.	or pri	of registered a			(NOTE:	Registered .	Agen	il signature required		einslating) DDITIONS/CHANGES TO OFFIC	DATE CERS AN	D DIRECTOR	RS IN 12		
TITLE	D		OT TOLINO TO	, TD OILL	DEL	ETE	1.1 TITU	.E	-		55,110,10,10,10		Change	Addition	
NAME	BUTLER	R, GI	ROVER		12N			Æ							
STREET ADDRESS	5 025 C		T	1.3 :			1.3 STREET ADDRESS								
CITY-ST-ZIP	ST. CLO	<u>QUC</u>	FL 34771				1.4 C(T)	r-st	- ZIP						
TITLE	D DELETE 21												Change	Addition	
NAME	HAIRE, STAN														
STREET ADDRESS									Nodress 1 - Zip						
CITY-ST-ZIP	-	D DELETE 31							- 247		<u>, , , , , , , , , , , , , , , , , , , </u>		Change	Addition	
NAME								3.2 NAME							
STREET ADDRESS	422 REBECCA DRIVE						3.3 STREET ADDRESS								
CITY-\$T-ZIP	ST. CLO	<u>OUD</u>	FL 34769				3.4. CIT	Y-ST	r-z(P						
TITLE					☐ D£L	ETE	4.1 TITL						Change	☐ Addition	
NAME							4. 2 NA								
STREET ADDRESS									ADDRESS					•	
CITY-ST-ZIP TITLE					☐ DEL	FTF	4.4 CITS 5.1 TITL		- <u>Z</u> IP				Change	☐ Addition	
NAME					_ 500	15	5.7 HILL						A.m.i.Ro		
STREET ADDRESS									ADDRESS						
CITY-ST-ZIP							5.4 CITY		ļ						

CITY-ST-ZIP 6.4 CITY - ST- ZIP 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 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 chapted, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

Addition

Change