


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90020 016 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N50161

1. Corporation Name
OCEAN STREET BAPTIST CHURCH, INC.

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| Principal Place of Business 1211 OCEAN ST. KISSIMMEE FL 34744-2938 US | Mailing Address 1211 OCEAN ST. KISSIMMEE FL 34744-2938 US |
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|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 07/30/1992 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3051741 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent BUTLER, GROVER 5025 COUNTRYSIDE COURT ST. CLOUD FL 34769 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
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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) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUTLER, GROVER | 1.2 NAME | |
| STREET ADDRESS | 5025 COUNTRYSIDE COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL 34771 | 1.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAIRE, STAN | 2.2 NAME | |
| STREET ADDRESS | 2560 SAMPLE STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34744 | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POMANVILLE, ARCHIE | 3.2 NAME | |
| STREET ADDRESS | 422 REBECCA DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. CLOUD FL 34769 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLACKBURN, BERNARD | 4.2 NAME | |
| STREET ADDRESS | 1052 YELLOW ROSE DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE: BUTLER, GROVER BUTLER 1-11-99 407-957-2754

CR2E037 (11/98)