## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

**DIVISION OF CORPORATIONS** N9400000349 (0) DOCUMENT #

OSCEOLA RIBLE CHAPEL, INC.

00010	ALA DIDLE OFFAI LE, INO.								
Principal Piace of Business Mailing Address						f iddiifal din ifill nifit aner marr	BĀCAI MUARI MDI	(#1 <b>60100</b> 1111	
108 S. FORREST AVE. Kissimmee Fl. 34741		108 S. FORREST AVE. KISSIMMEE FL 34741							
						3. Date Incorporated or Qualified 01/25/1994		te of Last 04/07/1	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-3227823	Applied For Not Applicable			
Suite, Apt. i 22	#, etc.	Suite, Apt. #, etc. <b>27</b>			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Countr				·	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🛣 No		
24	25	29	30			Florida Statutes L  10. Name and Address of New R			
	9. Name and Address of Curren	it negistered Agent		81	Name	To. Maine and Addibas of Now 1	ogistorea i	- goin	
PLETT, LESLIE P				82		ddress (P.O. Box Number is Not Acceptabl	e)		
	ORREST AVE.			83					
KISSIMMEE FL 34741			63						
				84	City		FL	65 Z	ip Code
11. Pursuant to or register familiar with SIGNATURE	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	and 617.1508, Florida Statute da. Such change was authorize ion 617.0503, Florida Statutes	s, the aboad by the	ove-n corpo	amed cor oration's b	poration submits this statement for the pur loard of directors. I hereby accept the appo	pose of cha pintment as	anging its registere	registered office d agent. I am
SIGNATORE .	Signature, typod or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agen	t signature rec	guired when reinstating)	DATE		
12.			13.			ADDITIONS CHANGES TO OFF			
TITLE			1.1 ]	1.1 TITLE			[	Change	Addition
NAME	HOLLAND, GARY L		1.2 )	1.2 NAME					
STREET ADDRESS	1148 MARY FRANCES DR.	1.3 S		STREET	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34741			CITY-S	1 - ZIP				Addition
TITLE	D	DELETE		TITLE			,	Change	Muddigon
NAME	RAITH, R.J.		2.2 NAMÉ						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL	E Inc. ctc	2. 4 CITY - 3.1 TITLE		ST-ZIP			Change	Addition
TITLE	CTO DONALD F	DELETE						☐ Criange	L_J Addition
NAME	LEPIC, DONALD E		3 2 NAME						
STREET ADDRESS	4135 BERGAMONT CT.		3.3 STREE						
CITY-ST-ZIP	KISSIMMEE FL	DELETE		CITY-S TITLE	ST-ZIP			Change	Addition
TITLE	D Plett, leslie P	Doccere					'		
NAMÉ	108 S. FORREST AVE.		4 2 NAMI		ADDDECC				
STREET ADDRESS	KISSIMMEE FL 34741		1						
CITY - ST - ZIF	MODIMMEE PL 34/41	DELETE		CITY - S TITLE	11-2111			☐ Change	Addition
TITLE	<del>-</del>			5.2 NAME					
NAME					ADODECC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIF				CITY - S	01 - ZIP			☐ Change	Addition
TITLE		L. DECETE	61 TITLE 62 NAME		ı				
NAME	I		6.2	NAME	- 1				

14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

April 4 1996 407-847-1860