

FILE NOW: FILING FEE IS \$61.25 .

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004144

1. Corporation Name

Rehoboth Orlando Gospel Assembly

Principal Place of Business

Mailing Address

Silver Pines Village 6111 Gamble Dr  
Suite 5372 Orlando FL.  
Orlando FL. 32808 32808

2. Principal Place of Business

2a. Mailing Address

21 Silver Pines Village

26 6111 Gamble Dr, Orlando FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5372

27

23 Orlando FL.

28 Orlando FL.

24 Zip 32808

25 Country Orange

29 Zip 32808

30 Country Orange

9. Name and Address of Current Registered Agent

THOMAS JEAN BAPTISTE  
6111 Gamble Drive  
Orlando FL. 32808

3. Date Incorporated or Qualified

8-25-95

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☒ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE "T" Thomas Jean Baptiste  
NAME  
STREET ADDRESS 6111 Gamble Dr  
CITY - ST - ZIP Orlando FL. 32808

TITLE "T" Nassien Louisme  
NAME  
STREET ADDRESS 900 W. Washington St Apt. 12  
CITY - ST - ZIP Orlando FL. 32805

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE "T" MONTANO BY  
1.2 NAME  
1.3 STREET ADDRESS 6329 Laurelwood Dr,  
1.4 CITY - ST - ZIP Orlando FL. 32818

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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

SIGNATURE:

THOMAS JEAN BAPTISTE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-13-96

Daytime Phone #

15 128191

CR2E037 (12/95)