

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004144 (0)**

1. Corporation Name

**REHOBOTH ORLANDO GOSPEL ASSEMBLY, CORP.**

Principal Place of Business

Mailing Address

**SILVER PINES VILLAGE  
SUITE 5372  
ORLANDO FL 32808**

**6111 GAMBLE DR  
ORLANDO FL 32808-5452**



2. Principal Place of Business		2a. Mailing Address	
21 <b>SILVER PINES VILLAGE</b>	25 <b>6111 Gamble DR</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 <b>5372</b>	27		
City & State	City & State		
23 <b>ORLANDO FLORIDA</b>	28 <b>ORLANDO FLORIDA</b>		
Zip	Zip		
24 <b>32808</b>	29 <b>32808</b>		
Country	Country		
25 <b>ORANGE</b>	30 <b>ORANGE</b>		

3. Date Incorporated or Qualified <b>08/25/1995</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>383389018</b> APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMAS, JEAN BAPTISTE H  
6111 GAMBLE DRIVE  
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name <b>THOMAS JEAN-BAPTISTE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6111 Gamble DR</b>
83
84 City <b>ORLANDO FLORIDA FL</b>
85 Zip Code <b>32808</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>THOMAS, JEAN BAPTISTE H</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>6111 GAMBLE DR</b>	1.3 STREET ADDRESS	
	<b>ORLANDO FL 32808</b>	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>NASSIEN, LOUISME</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>900 W. WASHINGTON ST APT. 12</b>	2.2 NAME	
	<b>ORLANDO FL 32805</b>	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>MONTANOP, BY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>6329 LAURELWOOD DR</b>	3.2 NAME	
	<b>ORLANDO FL 32818</b>	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 if changed, or on the filing with an address.

SIGNATURE:

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

Date

Daytime Phone # 0016882

CR2E037 (9/96)