

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N95000004666 (2)</b> 1. Corporation Name <b>RENEWAL BAPTIST CHURCH OF ORLANDO, INC.</b>			
Principal Place of Business <b>PO BOX 680510 ORLANDO FL 32868-0510</b>		Mailing Address <b>PO BOX 680510 ORLANDO FL 32868-0510</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>09/28/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>VILLANUEVA, RAMON 1729 N. HOAWASSEE ROAD ORLANDO FL 32818</b>		10. Name and Address of New Registered Agent 81 Name <b>HAYDEE ROIG</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>7203 GANTRY LANE</b> 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32818</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 <i>Haydee Roig</i> <b>HAYDEE ROIG</b> <b>4/19/97</b> <small>Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOTO, ANGELO 5385 CINDERLANE PKWY., APT. 339 ORLANDO FL 32808	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6825 BOURROUGHS APT. #1 ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MASSANET, GREGORIA 2512 DOVE TAIL DR. OCFEE FL 34761	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAYDEE, ROIG 2512 DOVETAIL DR. OCFEE FL 34761	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7203 GANTRY LANE ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS LOPEZ, MODESTO D., REV. 5335 HACKAMORE RD. APOPKA FL 32712	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> DELETE  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS GOMEZ, GENARA 1729 N. HIAWASSEE RD. ORLANDO FL 32818	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE MIRIAM RIVERA 300 LAKE PARK TRAIL DUIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS MUJICA, JULIA M. 7840 ANTIBES CT. ORLANDO FL 32825	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE  <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE FRANCISCO RIVERA 300 LAKE PARK TRAIL DUIEDO, FL 32765</b>
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 an attachment with an address. SIGNATURE: <i>Haydee Roig</i> <b>HAYDEE ROIG</b> <b>4/19/97</b> <b>407-292-3514</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018224</small>			

CR2E037 (9/96)