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Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N95000004666 (2)

1. Corporation Name

RENEWAL BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

PO BOX 680510
ORLANDO FL 32868-0510

PO BOX 680510
ORLANDO FL 32868-0510



3. Date incorporated or Qualified

09/28/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROIG, HAYDEE
7203 GENTRY LANE
ORLANDO FL 32818

81 Name

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SOTO, ANGELO
STREET ADDRESS 5365 CINDERLANE PKWY., APT. 339
CITY-ST-ZIP ORLANDO FL 32808

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME MASSANET, GREGORIA
STREET ADDRESS 2512 DOVE TAIL DR.
CITY-ST-ZIP OCOEE FL 34761

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

TITLE S
NAME HAYDEE, ROIG
STREET ADDRESS 2512 DOVETAIL DR.
CITY-ST-ZIP OCOEE FL 34761

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

TITLE TRUS
NAME LOPEZ, MODESTO D., REV.
STREET ADDRESS 5335 HACKAMORE RD.
CITY-ST-ZIP APOPKA FL 32712

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

TITLE TRUS
NAME RIVERA, MIRIAM
STREET ADDRESS 300 LAKE PARK TRAIL
CITY-ST-ZIP OVIEDO FL

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

TITLE TRUS
NAME RIVERA, FRANCISCO
STREET ADDRESS 300 LAKE PARK TRAIL
CITY-ST-ZIP OVIEDO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Miriam Rivera* MIRIAM RIVERA

2/17/98 (40) 359-8567

CP2E037 (10/97)