

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90033 013 ****61.25

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1. Entity Name

RENEWAL BAPTIST CHURCH OF ORLANDO, INC.



Principal Place of Business

118 E PAR STREET
ORLANDO FL 32804

Mailing Address

12527 N. GRASSY LAKE RD.
CLERMONT FL 34711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATISTA, JULIA PASTOR
12527 N. GRASSY LAKE RD.
CLERMONT FL 34711

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME BATISTA, JULIA DR REV ☐ Delete
STREET ADDRESS 12527 N.GRASSY LAKE RD.
CITY-ST-ZIP CLERMONT FL 34711

TITLE TS
NAME ROIG, HAYDEE ☐ Delete
STREET ADDRESS 7203 GANTRY LANE
CITY-ST-ZIP ORLANDO FL 32818

TITLE TT
NAME RIVERA, FRANCISCO ☐ Delete
STREET ADDRESS 300 LAKE PARK TRAIL
CITY-ST-ZIP OVIEDO FL 32765

TITLE TDAS
NAME REPOLLET, SANDRA F ☒ Delete
STREET ADDRESS 18240 LYNBROOK RD.
CITY-ST-ZIP ORLANDO FL 32820

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME GREGORIA MASSANET ☐ Change ☒ Addition
STREET ADDRESS 2512 DOVETAIL DRIVE
CITY-ST-ZIP DCODE, FL 34761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRUS
NAME CARMEN T. MARTINEZ ☐ Change ☒ Addition
STREET ADDRESS 2768 SAFFRON DRIVE
CITY-ST-ZIP ORLANDO, FL 32837

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Haydee Roig* *HAYDEE ROIG* 3/10/04 407-292-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #