

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90026 030 ****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



05192005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2381958

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE C
NAME MASSANET, GREGORIA
STREET ADDRESS 2512 DOVETAIL DR.
CITY - ST - ZIP OCOEE, FL 34761

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

TITLE TRUS
NAME MARTINEZ, CARMEN T
STREET ADDRESS 2768 SAFFRON DR.
CITY - ST - ZIP ORLANDO, FL 32837

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IN THIS SPACE**

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: _____

Julia Batista

JULIA BATISTA

5/22/05

3522422046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #