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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 714755 (6)
1. Corporation Name
FAITH BAPTIST CHURCH, INC. OF ORLANDO, FLORIDA



Principal Place of Business Mailing Address
500 N BUMBY AVE 500 N BUMBY AVE
ORLANDO FL 32803 ORLANDO FL 32803-4915

3. Date Incorporated or Qualified 06/11/1968 3a. Date of Last Report 03/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-6176793	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes ☐ No ☒

9. Name and Address of Current Registered Agent

YARBOROUGH, CECIL
500 N. BUMBY AVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	SD	1.1 TITLE	S/Tr
NAME	HEADLEY, BILL	1.2 NAME	
STREET ADDRESS	6136 FOX HUNT TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	AT	2.1 TITLE	AT
NAME	MCDANIEL, JANELLE	2.2 NAME	Goodin, John
STREET ADDRESS	1001 CALIFORNIA CREEK DRIVE	2.3 STREET ADDRESS	3306 Toasy Drive
CITY-ST-ZIP	OVIDO FL	2.4 CITY-ST-ZIP	Orlando, FL
TITLE	T	3.1 TITLE	
NAME	D'APILE II, MICHAEL	3.2 NAME	D'Aprile II, Michael
STREET ADDRESS	10506 HUNTRIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Tr
NAME	THORPE, CRAIG	4.2 NAME	McDaniel, Mark
STREET ADDRESS	551 LILAC RD	4.3 STREET ADDRESS	1001 California Creek Drive
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP	Oviedo, FL
TITLE	D	5.1 TITLE	D
NAME	MATHEWS, DUANE	5.2 NAME	Howard, Kevin
STREET ADDRESS	2884 CADY WAY	5.3 STREET ADDRESS	6842 Spring Rain Drive
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Orlando, FL
TITLE		6.1 TITLE	C/Tr
NAME		6.2 NAME	Cecil Yarborough
STREET ADDRESS		6.3 STREET ADDRESS	411 Westchester Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Altamonte Springs, FL

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 *Cecil Yarborough* *Altamonte Springs, FL*

CP2E037 (9/96)