

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 30 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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**

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

3. Date Incorporated or Qualified  
**06/11/1968**  
4. FEI Number  
**59-6176793**  
Applied For  
Not Applicable

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

**YARBOROUGH, CECIL**  
**500 N. BUMBY AVE**  
**ORLANDO FL 32803**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</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

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          | <b>ST</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>HEADLEY, BILL</b>            |                                            |
| STREET ADDRESS | <b>6136 FOX HUNT TRAIL</b>      |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>               |                                            |
| TITLE          | <b>AT</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>GOODIN, JOHN</b>             |                                            |
| STREET ADDRESS | <b>3306 TOASY DRIVE</b>         |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>               |                                            |
| TITLE          | <b>T</b>                        | <input type="checkbox"/> DELETE            |
| NAME           | <b>D'APRILE, II M</b>           |                                            |
| STREET ADDRESS | <b>10506 HUNTRIDGE ROAD</b>     |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>               |                                            |
| TITLE          | <b>TR</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>MCDANIEL, MARK</b>           |                                            |
| STREET ADDRESS | <b>1001 CALIFORNIA CREEK DR</b> |                                            |
| CITY-ST-ZIP    | <b>OVIEDO FL</b>                |                                            |
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>HOWARD, KEVIN</b>            |                                            |
| STREET ADDRESS | <b>6642 SPRING RAIN DR</b>      |                                            |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>               |                                            |
| TITLE          | <b>CT</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>YARBOROUGH</b>               |                                            |
| STREET ADDRESS | <b>411 WESTCHESTER DR</b>       |                                            |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b>     |                                            |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>D</b>                                                                     |
| 5.3 STREET ADDRESS | <b>JOHN STRUDWICK</b>                                                        |
| 5.4 CITY-ST-ZIP    | <b>457 NEW ENGLAND AVE.</b>                                                  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>WINTER PARK, FL</b>                                                       |
| 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: *[Signature]* 7/1/98 (67) 617-1985

CR2E037 (10/97)