

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18758 (5)

1. Corporation Name

FAITH CHRISTIAN FELLOWSHIP OF SOUTH ORLANDO, INC



Principal Place of Business

P.O. BOX 1010
ORLANDO FL 32802

Mailing Address

P.O. BOX 1010
ORLANDO FL 32802

3. Date Incorporated or Qualified
01/14/1987

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 3009 LAURESSA LN.

26

4. FEI Number
59-2744191

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FLORIDA

28

Zip

Country

Zip

Country

24 32805

25 AMERICA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, JAMES OTIS, SR.
801 29TH STREET
ORLANDO FL 32806**

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 **DP** ☐ DELETE
NAME **BROWN, JAMES OTIS, JR.**
STREET ADDRESS **2631 MONTE CARLO TRAIL**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **BROWN JAMES OTIS JR.** ☒ Change ☐ Addition
1.2 NAME **4961 WHALERS WAY**
1.3 STREET ADDRESS **ORLANDO FL 32822**
1.4 CITY-ST-ZIP

NAME **BROWN, CARETHA EVANS**
STREET ADDRESS **2631 MONTE CARLO TRAIL**
CITY-ST-ZIP **ORLANDO FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **CARVER, BRAD**
STREET ADDRESS **7450 CROOKED LAKE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ DELETE
NAME **THOMPkins, MICHEAL**
STREET ADDRESS **2836 MESSINA AVE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James O. Brown Jr. **JAMES O. BROWN JR**

4-2-96

Date

407 922 6797

Daytime Phone #

R2E037 (12/95)