

**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 21 <b>3009 LAURESSA LN.</b> Suite, Apt. #, etc.	2a. Mailing Address 26	4. FEI Number <b>59-2744191</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State <b>ORLANDO, FLORIDA</b>	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip <b>32805</b>	25 Country <b>AMERICA</b>	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BROWN, JAMES OTIS, SR. 801 29TH STREET ORLANDO FL 32806</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>BROWN, JAMES OTIS, JR.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, JAMES OTIS, JR.</b>	1.2 NAME	<b>4961 WHALERS WAY</b>
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	1.3 STREET ADDRESS	<b>ORLANDO FL, 32822</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	

NAME	<b>BROWN, CARETHA EVANS</b>	2.2 NAME	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARVER, BRAD</b>	3.2 NAME	
STREET ADDRESS	<b>7450 CROOKED LAKE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPkins, MICHEAL</b>	4.2 NAME	
STREET ADDRESS	<b>2836 MESSINA AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>100001773041</b>
NAME		5.2 NAME	<b>-04/09/96--01010--085</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***61.25</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>3/4/96</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 SR** 4-2-96 407 922 6797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

R2E037 (12/95)