

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90062 048 \*\*\*\*61.25

**DOCUMENT # N18758**

1. Entity Name

**FAITH CHRISTIAN FELLOWSHIP OF SOUTH ORLANDO, INC**

Principal Place of Business

Mailing Address

**3009 LAURESSA LN.  
 ORLANDO FL 32805**

**3009 LAURESSA LN.  
 ORLANDO FL 32805-5908**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2744191**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>BROWN, JAMES OTIS</b>	
STREET ADDRESS	<b>7121 MINIPPI DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>BROWN, CARETHA EVANS</b>	
STREET ADDRESS	<b>2631 MONTE CARLO TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>DAUNTAIN, WILLIAM</b>	
STREET ADDRESS	<b>5115 STEYR ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>THOMPkins, MICHEAL</b>	
STREET ADDRESS	<b>2836 MESSINA AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-16-00**

Date

Daytime Phone #

CR2E037 (9/99)