2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43434

1. Entity Name

ORLANDO PRAYER AND WORSHIP CENTER - INTERNATIONA



FILED Jun 04, 2003 8:00 am Secretary of State

06-04-2003 90099 029 ****61.25

L INC.										
Principal Place of Business 565 BENTLEY STREET OVIEDO FL 32765 US .			Mailing Address 565 BENTLEY STREET OVIEDO FL 32765 US					in linu algre etti birt biro biro	alāti Šiš ii a lat	. 848() 43 6 ()
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-3067291 Applied For Not Applicable			
Zip	Zip Country			Zip Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Curren	Registered /	Agent			7. Name and Addre	ess of New Registered A	gent	
						Name				
FUTCH, ROY G DR. 565 BENTLEY STREET OVIEDO FL 32765					1	Street Address (P.O. Box Number is Not Acceptable)				
OAIEDO	FL 32/03					City		FL	Zip Code	·
8. The above the obligat	named entit tions of regist	y submits this statement f tered agent.	or the purpose	e of changing its r	egistere	ed office or register	red agent, or both, in th	ne State of Florida. I am fa	amiliar with, a	and accept
SIGNATURE .		or printed name of registered agen	t and title if applical	ble. (NOTÉ:	. Registered	1 Agent signature required	d 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 Florida Depart		
10.		OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10
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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: