

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

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**96 MAY 10 PM 3:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N95000004064 (0)**

1. Corporation Name

**GOD'S CHURCH OF ORLANDO, INC.**



Principal Place of Business: **8188 SULLY DRIVE  
ORLANDO FL 32818**  
Mailing Address: **8188 SULLY DRIVE  
ORLANDO FL 32818**

3. Date Incorporated or Qualified: **08/22/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **8188 Sully Dr.**  
Suite, Apt. #, etc.  
22  
City & State: **ORLANDO, FL**  
23  
Zip: **32818** Country: **USA**  
24  
25  
26 **8188 Sully Dr.**  
Suite, Apt. #, etc.  
27  
City & State: **ORLANDO, FL**  
28  
Zip: **32818** Country: **USA**  
29  
30

4. FEI Number 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

9. Name and Address of Current Registered Agent  
**ELLIOTT, ROBERT J  
8188 SULLY DRIVE  
ORLANDO FL 32818**  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, ROBERT J</b>	1.2 NAME	
STREET ADDRESS	<b>8188 SULLY DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, MICKI</b>	2.2 NAME	
STREET ADDRESS	<b>8188 SULLY DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, SEANA</b>	3.2 NAME	
STREET ADDRESS	<b>8188 SULLY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONAHUE, DEBRA</b>	4.2 NAME	
STREET ADDRESS	<b>445 S LAKE TRIPLETT DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, MARTHA</b>	5.2 NAME	
STREET ADDRESS	<b>824 STRATTON ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL 32725</b>	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: \_\_\_\_\_ Date: **4/30/96** Daytime Phone #: **407(694-0368)**

CR2E037 (12/95)