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**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

4. FEI Number: Applied For
 Not Applicable

2. Principal Place of Business: **21 8188 Sully Dr.**
Suite, Apt. #, etc.

2a. Mailing Address: **26 8188 Sully Dr.**
Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **23 ORLANDO, FL**

27. City & State: **28 ORLANDO, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32818** Country: **25 USA**

29. Zip: **32818** Country: **30**

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**

10. Name and Address of New Registered Agent:

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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