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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004064

1. Corporation Name

GOD'S CHURCH OF ORLANDO, INC.

1242017-90010.33 1

Principal Place of Business
 8188 SULLY DRIVE
 ORLANDO FL 32818

Mailing Address
 8188 SULLY DRIVE
 ORLANDO FL 32818



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **ELLIOTT, ROBERT J**
 STREET ADDRESS **8188 SULLY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

1.1 TITLE Change Addition

TITLE **D** DELETE

NAME **ELLIOTT, MICKI**
 STREET ADDRESS **8188 SULLY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **ELLIOTT, SEANA**
 STREET ADDRESS **8188 SULLY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32818**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **D** DELETE

NAME **DONAHUE, DEBRA**
 STREET ADDRESS **445 S LAKE TRIPLETT DR**
 CITY-ST-ZIP **CASSELBERRY FL 32707**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D
EDISON FLOWERS
131. DOWDNEY LANE
DAVENPORT, FL 33837

TITLE **D** DELETE

NAME **GARCIA, MARTHA**
 STREET ADDRESS **824 STRATTON ST**
 CITY-ST-ZIP **DELTONA FL 32725**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D
RICHARD BICKELL
7249 TALLOW LANE
ORLANDO, FL 32835

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

(404) 578-0484

Daytime Phone #

CR2E037 (1/198)