2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
09-06-2000 90134 022 ****61.25

DOCUMENT # N99000006384

1. Entity Name

ORLANDO FAMILY WORSHIP CENTER, INC.

R

Principal Place of Business	Mailing Address
300 GOLF BROOK CIRCLE #210 LONGWOOD FL 32779	300 GOLF BROOK CIRCLE #210 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1067 Rainer Dr.	1067 Rainer Dr.
Suite, Apt. #, etc.: # 1004	Suite, Apt. #, etc.: # 1004
City & State: Altamonte Spgs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: U.S.A	Zip: 32714 Country: U.S.A.

4. FEI Number: 58-12-179182-55C ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEIK, STEPHEN W 1101 N LAKE DESTINY DR, SUITE 120 MAITLAND FL 32751	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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEESLEY, GARY H 300 GOLF BROOK CIRCLE #210 LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEESLEY, JANICE 300 GOLF BROOK CIRCLE #210 LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOZARTH, BRENT 10122 FACET CT ORLANDO FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BEIK, STEPHEN W 1101 N LAKE DESTINY RD, SUITE 120 MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: [illegible] Treasurer 8-30-00 407-869-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #