


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006384

1. Entity Name
ORLANDO FAMILY WORSHIP CENTER, INC.



Principal Place of Business Mailing Address

1100 LEE ROAD 1100 LEE ROAD
 ORLANDO, FL 32810 ORLANDO, FL 32810



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3605057 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEIK, STEPHEN W ESQ.
 1101 N LAKE DESTINY DR, SUITE 120
 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEESLEY, GARY H
STREET ADDRESS	1100 LEE ROAD
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	VD
NAME	BEESLEY, JANICE
STREET ADDRESS	1100 LEE ROAD
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	SD
NAME	BEIK, STEPHEN W
STREET ADDRESS	1101 N. LAKE DESTINY RD., #120
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	PACHECO, RICHARD
STREET ADDRESS	6031 BAY VALLEY COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000318740
 04/20/05-80871-004 70.00

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: JANICE L. BEESLEY *Janice L. Beesley* 4-16-05 407-253-9392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #