


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000006384

1. Entity Name
 ORLANDO FAMILY WORSHIP CENTER, INC.



Principal Place of Business
 1100 LEE ROAD
 ORLANDO, FL 32810

Mailing Address
 1100 LEE ROAD
 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE



07242006 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

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

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 08/22/06-80006-003-70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GARY H. BEESLEY** Date: **AUG. 17, 2006** 467-253-9382

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