


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90201 046 \*\*\*\*70.00

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # N99000006384</b>   |  |   |   |
| 1. Entity Name<br>ORLANDO FAMILY WORSHIP CENTER, INC.  |  |  |   |
| Principal Place of Business<br>1100 LEE ROAD<br>ORLANDO, FL 32810  |  | Mailing Address<br>1100 LEE ROAD<br>ORLANDO, FL 32810  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 4. FEI Number<br>59-3605057  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| BEIK, STEPHEN W ESQ.<br>1101 N LAKE DESTINY DR, SUITE 120<br>MAITLAND, FL 32751  |  | Name <u>BEIK, STEPHEN W ESQ</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>2229 EARLEAF CT</u><br>City <u>LONGWOOD</u> FL Zip Code <u>32779</u> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |  |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BEESLEY, GARY H<br>1100 LEE ROAD<br>ORLANDO, FL 32810 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BEESLEY, JANICE<br>1100 LEE ROAD<br>ORLANDO, FL 32810 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BEIK, STEPHEN W<br>1101 N. LAKE DESTINY RD., #120<br>MAITLAND, FL 32751 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>BEIK, STEPHEN W<br>2229 EARLEAF CT<br>LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>PACHECO, RICHARD<br>6031 BAY VALLEY COURT<br>ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>AER STAOMBECH, AICH<br>10812 POINCIANA DR<br>CLEAMONT, FL 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <u>Janice L. Beesley</u>  |  | Date <u>4-24-07</u>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Daytime Phone # <u>407-253-9382</u>  |   |