

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705123

1. Entity Name

GREATER ORLANDO BAPTIST ASSOCIATION HOLDING CO.,

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90164 001 ***122.50

Principal Place of Business	Mailing Address
1906 WEST LEE ROAD ORLANDO FL 32810	1906 WEST LEE ROAD ORLANDO FLA 32810-5704

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-6033984	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAGNER, RICHARD A. 304 E. COLONIAL AVENUE ORLANDO FL 32801	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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FORTINBERRY, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6548 DOVER COVE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32822</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	FORTINBERRY, JAMES		STREET ADDRESS	6548 DOVER COVE DR		CITY-ST-ZIP	ORLANDO FL 32822		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Enric Richards</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3292 Brewster Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Kissimmee FL 34743</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Enric Richards		STREET ADDRESS	3292 Brewster Dr.		CITY-ST-ZIP	Kissimmee FL 34743	
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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:	<i>[Signature]</i>	5/16/00	407-293-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)