2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706035

FILED Feb 21, 2004 Secretary of State

Entity Name: POWERS DRIVE BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 3311 POWERS DR ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 3311 POWERS DR ORLANDO, FL 32818 FEI Number: 59-1005829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALERNO, RUSSELL ERICKSON, IKE 3861 N LAKE ORLANDO PKWY 2816 CASTLEOAK DRIVE ORLANDO, FL 328082205 ORLANDO, FL 32818 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: IKE ERICKSON 02/21/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete (X) Change () Addition BOGGS, LOWELL PITTS, JOHN Name: Name: 604 JAY STREET Address: 8320 NORTHGATE DRIVE Address: City-St-Zip: OCOEE, FL 347612343 City-St-Zip: ORLANDO, FL 328188613 Title: () Delete Title: () Change () Addition Name: WATSON, GERALD Name: Address: 2443 JOHN BAY DR Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, BARBARA Name: Name: Address: 2429 RONSON AVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KING, HOWARD Name: Address: P.O. BOX 366 Address: City-St-Zip: CLARCONA, FL 32710 City-St-Zip: Title: () Delete Title: TD () Change (X) Addition BARBER, HENRY Name: Name: 676 VIA MILANO CIRCLE Address: Address: City-St-Zip: City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change (X) Addition EARLY, PAUL Name: Name: Address: Address: 1816 NEWTON STREET ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IKE ERICKSON TC 02/21/2004