

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90024 049 \*\*\*\*61.25

**DOCUMENT # 714755**

1. Corporation Name

**FAITH BAPTIST CHURCH, INC. OF ORLANDO, FLORIDA**

Principal Place of Business

**500 N BUMBY AVE  
ORLANDO FL 32803**

Mailing Address

**500 N BUMBY AVE  
ORLANDO FL 32803**

5 1 3 5 3 1 3 9 0 0 2 4 - 4 9



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country

3. Date Incorporated or Qualified

**06/11/1968**

4. FEI Number

**59-6176793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**YARBOROUGH, CECIL  
500 N. BUMBY AVE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE  
NAME **HEADLEY, BILL**  
STREET ADDRESS **6136 FOX HUNT TRAIL**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **AT** ☒ DELETE  
NAME **GOODIN, JOHN**  
STREET ADDRESS **3306 TOASY DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ DELETE  
NAME **D'APRILE, II M**  
STREET ADDRESS **10506 HUNTRIDGE ROAD**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **TR** ☐ DELETE  
NAME **MCDANIEL, MARK**  
STREET ADDRESS **1001 CALIFORNIA CREEK DR**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **D** ☒ DELETE  
NAME **STRUDWICK, JOHN**  
STREET ADDRESS **457 NEW ENGLAND AVE**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **CT** ☐ DELETE  
NAME **YARBOROUGH**  
STREET ADDRESS **411 WESTCHESTER DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/Tr** ☒ Change ☐ Addition  
1.2 NAME **HEADLEY, BILL**  
1.3 STREET ADDRESS **6136 FOX HUNT TRAIL**  
1.4 CITY-ST-ZIP **ORLANDO, FL**

2.1 TITLE **Tr** ☐ Change ☒ Addition  
2.2 NAME **AYALA, JOSE**  
2.3 STREET ADDRESS **14203 Castlerock Drive**  
2.4 CITY-ST-ZIP **ORLANDO, FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **MCDANIEL, MARK**  
4.3 STREET ADDRESS **1001 CALIFORNIA CREEK DR.**  
4.4 CITY-ST-ZIP **OVIEDO, FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **CALLIN, DAVID**  
5.3 STREET ADDRESS **560 LAKE MILLS ROAD**  
5.4 CITY-ST-ZIP **CHULUOTA, FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark D'Aprile* **MARK D'APRILE** **RECEIVED** **DAprile II** **4/29/99** **(407) 894-4031**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)