

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90249 043 ****61.25

DOCUMENT # 714755

1. Entity Name

FAITH BAPTIST CHURCH, INC. OF ORLANDO, FLORIDA

Principal Place of Business

Mailing Address

**500 N BUMBY AVE
 ORLANDO FL 32803**

**500 N BUMBY AVE
 ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6176793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, CHRIS
 231 TOM SAWYER CT
 ORLANDO FL 32828**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **ST GARDENER, FRED**
 STREET ADDRESS **1907 E. JEFFERSON STREET**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☒ Addition
 NAME **S/D Blanchard, Rick**
 STREET ADDRESS **1841 Laurel Road**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Delete
 NAME **CD WALLACE, CHRIS**
 STREET ADDRESS **231 TOM SAWYER CT**
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D MCDANIEL, MARK**
 STREET ADDRESS **1001 CALIFORNIA CREEK DR**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☐ Change ☒ Addition
 NAME **D Shaffer, Brian**
 STREET ADDRESS **7250 Astro Street**
 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Delete
 NAME **D GOODIN, JOHN**
 STREET ADDRESS **3306 TOASY DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D YARBOROUGH, CECIL**
 STREET ADDRESS **411 WESTCHESTER DR**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Chris Wallace* **Chris Wallace**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/02 (407) 872-2222

CR2E037 (9/01)