



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90156 025 \*\*\*\*61.25

<b>DOCUMENT # 714755</b> 1. Entity Name <b>FAITH BAPTIST CHURCH, INC. OF ORLANDO, FLORIDA</b>					
Principal Place of Business <b>500 N BUMBY AVE ORLANDO, FL 32803</b>			Mailing Address <b>500 N BUMBY AVE ORLANDO, FL 32803</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  04142006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-6176793</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALLACE, CHRIS 231 TOM SAWYER CT ORLANDO, FL 32828</b>			7. Name and Address of New Registered Agent Name <b>Michael D'Aprile II</b> Street Address (P.O. Box Number is Not Acceptable) <b>10506 Huntridge Road</b> City <b>Orlando,</b> <b>FL</b> Zip Code <b>32825</b>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE <u><i>Michael D'Aprile II</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Chm. of Deacons</b>  <b>Michael D'Aprile II, Director</b> </div> <div style="width: 30%; text-align: right;"> <b>April 28, 2006</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGUNA, ARNOLD 9327 SPRINGVALE DRIVE ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Phillips 1859 Barker Drive Winter Park, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLACE, CHRIS 231 TOM SAWYER CT ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael D'Aprile II 10506 Huntridge Road Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D'APRILE, II M 10506 HUNTRIDGE ROAD ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cecily Arguna 9327 Springvale Drive Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, RICK 2543 EASTBROOK BLVD. WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rick Myers 3561 Pine Ridge Court Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HICKS, TRENT 1101 MARSHALL FARMS RD. OCOOE, FL 34761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kelly West 415 Lochmond Drive Fern Park, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, CECIL 411 WESTCHESTER DR CASSELBERRY, FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:					
<b>SIGNATURE:</b> <u><i>Michael D'Aprile II</i></u> <b>Michael D'Aprile II</b> <b>4/28/06</b> <b>(407) 855-5514</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					