

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 716252

1. Entity Name
THE HOLDEN HEIGHTS BAPTIST CHURCH OF
ORLANDO, INC



Principal Place of Business
1045 W 29TH ST
ORLANDO, FL 32805 US

Mailing Address
1045 W 29TH ST
ORLANDO, FL 32805 US

DO NOT WRITE IN THIS SPACE



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-6081309

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLEICONES, JOHNIE M
3200 ALAMO DRIVE
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
PLEICONES, CHERYL
STREET ADDRESS
3200 ALAMO DR
CITY-ST-ZIP
ORLANDO, FL

TITLE
NAME
DM
PLEICONES, JOHNIE M
STREET ADDRESS
3200 ALAMO DRIVE
CITY-ST-ZIP
ORLANDO, FL 32805

TITLE
NAME
D
WILLIAMS, ROBERT
STREET ADDRESS
1038 28TH ST.
CITY-ST-ZIP
ORLANDO, FL 32805

TITLE
NAME
PCD
JOLLEY, GARY
STREET ADDRESS
1038 28TH STREET
CITY-ST-ZIP
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524712
05/04/06-80001-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Cheryl D. Pleicones CHERYL D. PLEICONES 4/18/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (407) 843-7543