


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 716252</b> 1. Entity Name <b>THE HOLDEN HEIGHTS BAPTIST CHURCH OF ORLANDO, INC</b>	
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Principal Place of Business <b>1045 W 29TH ST ORLANDO, FL 32805 US</b>	Mailing Address <b>1045 W 29TH ST ORLANDO, FL 32805 US</b>
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6081309</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

**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PLEICONES, CHERYL 3200 ALAMO DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM PLEICONES, JOHNIE M 3200 ALAMO DRIVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROBERT 1038 28TH ST. ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOLLEY, GARY 1038 28TH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000720955  
05/01/07-80126-014 61.25

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* **4/18/07 (407)843-4543**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #