


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90128 028 \*\*\*\*61.25

<b>DOCUMENT # 716252</b>		
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
---	---

2. Principal Place of Business - No P.O. Box # 109 N. HUDSON ST Suite, Apt. #, etc.	3. Mailing Address PO BOX 568372 Suite, Apt. #, etc.
---	--

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32835 Country USA	Zip 32856-8372 Country USA

40081947



03142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6081309	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**6. Name and Address of Current Registered Agent**

PLEICONES, JOHNIE M  
3200 ALAMO DRIVE  
ORLANDO, FL 32805

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PLEICONES, CHERYL 3200 ALAMO DR ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DM PLEICONES, JOHNIE M 3200 ALAMO DRIVE ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ROBERT 1038 28TH ST. ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1545 E. SPRING RIDGE CIRCLE WINTER GARDEN, FL. 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD JOLLEY, GARY 1038 28TH STREET ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD GARY JOLLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1545 E. SPRING RIDGE CIRCLE WINTER GARDEN, FL. 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.

SIGNATURE: Cheryl D. Pleicones 4/23/08 407-843-4543  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #