

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716843

1. Entity Name

FIRST CHRISTIAN CHURCH OF ORLANDO, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90081 007 ****70.00

Principal Place of Business

Mailing Address

2565 EAST KALEY AVENUE
ORLANDO FL 32806

2565 EAST KALEY AVENUE
ORLANDO FL 32806-3339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0910348

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GURNEY SR, J. THOMAS, ESQUIRE
203 N MAGNOLIA AVE
ORLANDO FL 32802

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

TITLE	DEC	<input type="checkbox"/> Delete
NAME	NEWLIN, JOHN	
STREET ADDRESS	1207 APPLETON AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DEC	<input type="checkbox"/> Delete
NAME	MCQUEEN, LARRY	
STREET ADDRESS	8133 COUNTRY RUN PKWY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DEC	<input checked="" type="checkbox"/> Delete
NAME	NEWLIN, JOHN	
STREET ADDRESS	1207 APPLETON AVENUE	DUPLICATE
CITY-ST-ZIP	ORLANDO FL	
TITLE	DEC	<input type="checkbox"/> Delete
NAME	CARROLL, DALE	
STREET ADDRESS	2727 SHANNON RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DEC	<input type="checkbox"/> Delete
NAME	A. VAUGHN WILLIAMS	
STREET ADDRESS	2717 NELA AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE F. CARROLL	
STREET ADDRESS	4110 MYRTLE OAK CT	
CITY-ST-ZIP	2011 WOOD, FL 32798	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DALE F. CARROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

(407) 848-1001

Daytime Phone #

CF2E037 (9/99)