

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 008 ****61.25

DOCUMENT # 716843

1. Entity Name
FIRST CHRISTIAN CHURCH OF ORLANDO, INC.



Principal Place of Business
**2565 EAST KALEY AVENUE
ORLANDO, FL 32806**

Mailing Address
**2565 EAST KALEY AVENUE
ORLANDO, FL 32806**

4404112



DO NOT WRITE IN THIS SPACE

07082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0910348

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HANDLEY, LEON ESQUIRE
225 E ROBINSON ST
ORLANDO, FL 32801**

**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 retesting)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC NEWLIN, JOHN 1207 APPLETON AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC MCQUEEN, LARRY 8133 COUNTRY RUN PWKY ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEC WILLIAMS, A V 2717 NELA AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/04 407-438-6007

Date

Daytime Phone #