

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 718397**

1. Entity Name

FELLOWSHIP BAPTIST CHURCH OF ORLANDO, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:01

Principal Place of Business

Mailing Address

103 HOLDEN AVE.
ORLANDO FLA 32839-2005103 HOLDEN AVE.
ORLANDO FLA 32839-2005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2056965

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ORD, DOUG
103 HOLDEN AVENUE
#3
ORLANDO FL 32839**7. Name and Address of New Registered Agent**Name Ordie CampbellStreet Address (P.O. Box Number is Not Acceptable)
1425 Taft Vineland RoadCity OrlandoFL Zip Code
32837

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)

9/11/02
DATEAfter September 13, 2002,
min. will be \$236.25.9. 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 D ☐ Delete
NAME ORD, DOUG
STREET ADDRESS 103 HOLDEN AVE.
CITY-ST-ZIP ORLANDO FLTITLE TD ☒ Delete
NAME POLLY, EARL
STREET ADDRESS 8027 SUN VISTA WAY
CITY-ST-ZIP ORLANDO FL 32822TITLE D ☐ Delete
NAME DURRANCE, GARY LEE
STREET ADDRESS 7905 CAROLINA LANE
CITY-ST-ZIP ORLANDO FL 32825TITLE P ☒ Delete
NAME PERRINE, STEVE
STREET ADDRESS 103 HOLDEN AVENUE
CITY-ST-ZIP ORLANDO FL 32839TITLE D ☒ Delete
NAME THOMPSON, PAUL
STREET ADDRESS 4839 HEADLEE DR
CITY-ST-ZIP ORLANDO FL 32822TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE P/D ☐ Change ☒ Addition
NAME Dan L. Fowler
STREET ADDRESS 8243 Sandberry Blvd.
CITY-ST-ZIP Orlando, FL 32819TITLE D ☐ Change ☒ Addition
NAME Horace Hunt
STREET ADDRESS 8149 Amon Drive
CITY-ST-ZIP Orlando, FL 32822TITLE D ☐ Change ☒ Addition
NAME Thomas Damps
STREET ADDRESS 3604 Falling Leaf Lane
CITY-ST-ZIP Orlando, FL 32810TITLE D ☐ Change ☒ Addition
NAME Earl Hamm
STREET ADDRESS 4503 Almark Drive
CITY-ST-ZIP Orlando, FL 32830TITLE D ☐ Change ☒ Addition
NAME Harold Meloon
STREET ADDRESS 5741 Rockwood Ave.
CITY-ST-ZIP Orlando, FL 32839TITLE D ☐ Change ☒ Addition
NAME Ordie Campbell
STREET ADDRESS 1425 Taft Vineland Road
CITY-ST-ZIP Orlando, FL 32837

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/02 407-
851-1209

CR2E037 (4/02)