

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 718397		
1. Entity Name FELLOWSHIP BAPTIST CHURCH OF ORLANDO, INC.		

Principal Place of Business 103 HOLDEN AVE. ORLANDO FL 32839	Mailing Address 103 HOLDEN AVE. ORLANDO FL 32839
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2056965	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CAMPBELL, ORDIE 1425 TAFT VINELAND ROAD ORLANDO FL 32837
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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
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

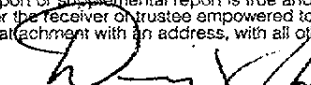
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOWLER, DAN L 8243 ASNBERRY BLVD ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORD, DOUG 103 HOLDEN AVE. ORLANDO FLA 32839-2005	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DURRANCE, GARY LEE 7905 CAROLINA LANE ORLANDO FL 32825	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNT, HORRACE 8149 AMON DRIVE ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMPS, THOMAS 3604 FALLING LEAF LANE ORLANDO FL 32810	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMM, EARL 4503 ALMARK DRIVE ORLANDO FL 32830	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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03/03/04-80047-018 61.25

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:  **DAN L. FOWLER** 2/29/04 407-719-5749