

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90297 029 ****61.25

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

50042122



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2056965

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

CAMPBELL, ORDIE
1425 TAFT VINELAND ROAD
ORLANDO FL 32837

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

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
Due By May 1, 2005

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOWLER, DAN L	
STREET ADDRESS	8243 ASHBERRY BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORD, DOUG	
STREET ADDRESS	103 HOLDEN AVE.	
CITY-ST-ZIP	ORLANDO FLA 32839-2005	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURRANCE, GARY LEE	
STREET ADDRESS	7905 CAROLINA LANE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNT, HORRACE	
STREET ADDRESS	8149 AMON DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMPS, THOMAS	
STREET ADDRESS	3604 FALLING LEAF LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMM, EARL	
STREET ADDRESS	4503 ALMARK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, DAN L.	
STREET ADDRESS	16027 HORIZON CT	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD MELOON	
STREET ADDRESS	5741 ROCKWOOD AVE.	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELDA LASSITER	
STREET ADDRESS	1406 - 9TH STREET	
CITY-ST-ZIP	ORLANDO, FL 32805	
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		

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 I am empowered.

SIGNATURE:

Dan L. Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN L. FOWLER 4/17/05 407-805-9795
Date Daytime Phone #