2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718397

FILED Apr 28, 2009 Secretary of State

Entity Name: FELLOWSHIP BAPTIST CHURCH OF ORLANDO, INC.

Current Principal Place of Business: New Principal Place of Business:

103 HOLDEN AVE. ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

103 HOLDEN AVE. ORLANDO, FL 32839

FEI Number: 59-2056965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOWLER, BETTY FOWLER, BETTY J
16027 HORIZON COURT 16027 HORIZON COURT CLERMONT, FL 34711 US CLERMONT, FL 34711 US

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: BETTY J. FOWLER 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: FOWLER, DAN L FOWLER, DAN L

 Name:
 1 OWEER, DANG

 Address:
 16027 HORIZON CT
 Address:
 16027 HORIZON CT

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 HAMM, EARL
 Name:
 HAMM, EARL

 Address:
 4503 ALMARK DRIVE
 Address:
 4503 ALMARK DRIVE

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 ORLANDO, FL 32839 US

Title: D () Delete Title: D (X) Change () Addition
Name: LASSITER, ZELDA Name: LASSITER, ZELDA

Address: 1406 9TH STREET Address: 5155 DELANE AVE., APT. 1410

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 US

 $\label{eq:title:Title:D} {\sf Title:} \qquad {\sf D} \qquad (\) {\sf Change} \ ({\sf X}) \ {\sf Addition}$

Name: Name: DENMARK, RON

Address: Address: 3435 SOUTH ORANGE AVE., SUITE 500

City-St-Zip: City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY J. FOWLER RA 04/28/2009