

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 733982 (3)**

1. Corporation Name  
**Fellowship Freewill Baptist Church Inc. of  
Orlo Vista, Florida**

Principal Place of Business Mailing Address  
**5838 W. Amelia Street P.O. Box 617265  
Orlo Vista Fl 32861-7265 Orlo Vista, Fl 32861-7265**

3. Date Incorporated or Qualified **10/06/1975** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0028497</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt #, etc		26. Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

## 9. Name and Address of Current Registered Agent

**Garrison, Oscar  
1509 Lady Avenue  
Ocoee, Fl 34761**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S/T</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Maxine</b>	1.2 NAME	
STREET ADDRESS	<b>806 Ferndell Road</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, Fl 32808</b>	1.4 CITY-ST-ZIP	
TITLE	<b>C</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garrison, Oscar</b>	2.2 NAME	
STREET ADDRESS	<b>1509 Lady Avenue</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ocoee, Fl 34761</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smith, William R.</b>	3.2 NAME	
STREET ADDRESS	<b>620 Lyman Street</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ocoee, Fl 34761</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chastain, Robert</b>	4.2 NAME	
STREET ADDRESS	<b>2525 Sanford Avenue</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Sanford, Fl 32773</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ayers, Leroy</b>	5.2 NAME	
STREET ADDRESS	<b>3636 Chalet Ct.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, Fl 32818</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE: Oscar Garrison/Chairman-Pastor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/96**

**(407) 877-6819**

Date

Daytime Phone #

CR2E037 (12/95)