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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

733982

(3)

FELLOWSHIP FREEWILL BAPTIST CHURCH, INC., OF ORL

O VISTA, FLORIDA Principal Place of Business Mailing Address CORNER OF HUDSON STREET AND AMELIA STREET P.O. BOX 617265 3. Date Incorporated or Qualified P.O. BOX 617265 ORLO VISTA FL 32861-7265 <u> 10/06/1975</u> ORLO VISTA FL 32861-7265 4. FEI Number Applied For 65-0028497 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes X No 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GARRISON, OSCAR 82 Street Address (P.O. Box Number is Not Acceptable) 1509 LADY AVE 83 OCOEE FL \$4761 City 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 signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME BROWN, MAXINE 1.2 NAME **806 FERNDALE RD.** STREET ADDRESS 1.3 STREET ADDRESS **O**RLANDO FL 32808 1.4 CITY - ST- 7IP CITY-ST-ZIP DELETÉ 2.1 TITLE □ Change Addition TITLE **Garrison, Oscar** 2.2 NAME NAME 1509 LADY AVE STREET ADDRESS 2.3 STREET ADDRESS **O**COEE FL 34761 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE SMITH, WILLIAM R. 3.2 NAME **620 LYMAN STREET** STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 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.

3.4. CITY - ST - 7/P

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4.4 CITY-ST-ZIP

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

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DELETE

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CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

OCOEE FL 34761

CHASTAIN, ROBERT

SANFORD FL 32773

AYERS, LEROY

3636 CHALET CT.

ORLANDO FL 32818

2525 SANFORD AVENUE

☐ Change

Change

Addition

Addition

Addition

FILED

Jul 02 1998 8:00am

Secretary of State