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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 733982

1. Corporation Name
FELLOWSHIP FREWILL 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
 P.O. BOX 617265 ORLO VISTA FL 32861-7265
 ORLO VISTA FL 32861-7265



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified - | |
| 21 | | 26 | | 10/06/1975 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0028497 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing <input type="checkbox"/> | |
| | | | | Trust Fund Contribution | |
| 24. Country | | 29. Country | | \$5.00 May Be Added to Fees | |
| 25. Country | | 30. Country | | | |

| | | | | | | | |
|---|--|--|--|---|------------------|----|-------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| GARRISON, OSCAR 1509 LADY AVE OCOEE FL 34761 | | | | 81 Name | WILLIAM R. SMITH | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 620 LYMAN AV. | | |
| | | | | 83 | | | |
| | | | | 84 City | OC OEE | FL | 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 *William R. Smith* PASTOR DATE 1-9-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | ST <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, MAXINE | 1.2 NAME | |
| STREET ADDRESS | 806 FERNDALE RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32808 | 1.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRISON, OSCAR | 2.2 NAME | RANDALL H MOTES |
| STREET ADDRESS | 1509 LADY AVE | 2.3 STREET ADDRESS | 902 JAMELA DR |
| CITY-ST-ZIP | OCOEE FL 34761 | 2.4 CITY-ST-ZIP | OCOEE FL 34761-0000 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, WILLIAM R. | 3.2 NAME | |
| STREET ADDRESS | 620 LYMAN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCOEE FL 34761 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHASTAIN, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 2525 SANFORD AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL 32773 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AYERS, LEROY | 5.2 NAME | |
| STREET ADDRESS | 3636 CHALET CT. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 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 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, with all other like empowered.

SIGNATURE: *William R. Smith* DATE: 1-9-99 DAYTIME PHONE #: 656-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)