

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90004 048 ****61.25

0018772

DOCUMENT # 733982

1. Corporation Name

**FELLOWSHIP FREEWILL BAPTIST CHURCH, INC., OF ORL
O VISTA, FLORIDA**

Principal Place of Business

CORNER OF HUDSON STREET AND AMELIA STREET
P.O. BOX 617265
ORLO VISTA FL 32861-7265

Mailing Address

P.O. BOX 617265
ORLO VISTA FL 32861-7265



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/06/1975

4. FEI Number

65-0028497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

~~GARRISON, OSCAR
1509 LADY AVE
OCOE FL 34761~~

10. Name and Address of New Registered Agent

81 Name **WILLIAM R. SMITH**
82 Street Address (P.O. Box Number is Not Acceptable)
620 LYMAN AV.
83
84 City **OCOE** FL 85 Zip Code **34761**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-99

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE
NAME **BROWN, MAXINE**
STREET ADDRESS **806 FERNDAL RD.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **C** ☐ DELETE
NAME ~~**GARRISON, OSCAR**~~
STREET ADDRESS ~~**1509 LADY AVE**~~
CITY-ST-ZIP ~~**OCOE FL 34761**~~

TITLE **D** ☐ DELETE
NAME **SMITH, WILLIAM R.**
STREET ADDRESS **620 LYMAN STREET**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **D** ☐ DELETE
NAME **CHASTAIN, ROBERT**
STREET ADDRESS **2525 SANFORD AVENUE**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ DELETE
NAME **AYERS, LEROY**
STREET ADDRESS **3636 CHALET CT.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

RANDALL H Motes
902 JAMELA DR
OCOE FL 34761-0000

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 **1407** **656-6317**

CR2E037 (11/98)