## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#733982** 

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

OCOEE, FL 34761

SMITH, ORALEE

215 NORTH BOYD ST

REDDEN, WILLIAM G

1822 GRASMERE DR.

APOPKA, FL 32703

WINTER GARDEN, FL 34787

(X) Delete

(X) Delete

FILED Sep 07, 2004 Secretary of State

Entity Name: FELLOWSHIP FREEWILL BAPTIST CHURCH, INC., OF ORLO VISTA, FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** CORNER OF HUDSON STR AND AMELIA STR P.O. BOX 617265 ORLO VISTA, FL 328617265 **New Mailing Address: Current Mailing Address:** P.O. BOX 617265 ORLO VISTA, FL 328617265 FEI Number: 65-0028497 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, WILLIAM R POPE, CHARLES D 7642 FORDHAM CREEK LANE 620 LYMAN AVE ORLANDO, FL 32818 OCOEE, FL 34761 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: CHARLES D. POPE 09/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROWN, MAXINE. Name: Name: 806 FERNDALE RD. Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BASS, ANNETTE Name: POPE, SHANA A Name: Address: 1708 GLENDALE RD Address: 7642 FORDHAM CREEK LANE City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32818 Title: () Delete Title: (X) Change ( ) Addition SMITH, WILLIAM R., FINLEY, JAMES Name: Name: 620 LYMAN STREET 904 WURST ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

OCOEE, FL 34761

() Change () Addition

() Change () Addition

SIGNATURE: CHARLES D. POPE D 09/07/2004

above, or on an attachment with an address, with all other like empowered.