

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90169 033 \*\*\*\*61.25

0014370

**DOCUMENT # 733982**

1. Entity Name  
**FELLOWSHIP FREWILL BAPTIST CHURCH, INC., OF ORL  
O VISTA, FLORIDA**



Principal Place of Business      Mailing Address  
**CORNER OF HUDSON STR AND AMELIA STR  
P.O. BOX 617265  
ORLO VISTA FL 32861-7265**      **P.O. BOX 617265  
ORLO VISTA FL 32861-7265**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0028497**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SMITH, WILLIAM R  
620 LYMAN AVE  
OCOE FL 34761**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D BASS, ANNETTE**  
STREET ADDRESS **1708 GLENDALE RD**  
CITY-ST-ZIP **ORLANDO FL 32808**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D SMITH, ORALEE**  
STREET ADDRESS **215 NORTH BOYD ST**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D AYERS, LEROY**  
STREET ADDRESS **3836 CHALET CT.**  
CITY-ST-ZIP **ORLANDO FL 32818**

Change  Addition  
TITLE **D**  
NAME **WILLIAM G. REDDEN**  
STREET ADDRESS **1822 GRASMERE DR.**  
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANNETTE BASS** *ANNETTE BASS*

*5/22/03 407-826-9920*

CR2E037 (10/02)