

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 2:27

**DOCUMENT # 734156 (3)**

1. Corporation Name  
**FAITH ASSEMBLY OF GOD OF ORLANDO, INC.**

Principal Place of Business Mailing Address  
2008 N. GOLDENROD RD. ORLANDO FL 32807  
2008 N. GOLDENROD RD. ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/23/1975</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>59-1773665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**STEPHENS, CARL  
2008 N. GOLDENROD RD.  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>STEPHEN, CARL</b>
STREET ADDRESS	<b>2504 GRESHAM RD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>ST</b>
NAME	<b>ZINICOLA, DAMIEN T</b>
STREET ADDRESS	<b>8118 BRITT DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>GOMEZ, J. M</b>
STREET ADDRESS	<b>2204 LANCEWOOD CT.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>ORIE, THOMAS</b>
STREET ADDRESS	<b>14254 LAKE PRICE DR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>KISER, DAVID</b>
STREET ADDRESS	<b>4688 HALL RD.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>BARKER, VANCE</b>
STREET ADDRESS	<b>1210 LAKE LUCERNE CIRCLE</b>
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: **SEC/TREAS**  
DAMIEN ZINICOLA **2-9-95** **407-275-8790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)