

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/23/1975 **02/14/1995**

4. FEI Number Applied For
59-1773665 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, CARL	1.2 NAME	STEPHENS, M. CARL
STREET ADDRESS	2504 GRESHAM RD	1.3 STREET ADDRESS	3423 PAISLEY CIRCLE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINICOLA, DAMIEN T	2.2 NAME	
STREET ADDRESS	8118 BRITT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, J. M	3.2 NAME	STODDARD, ARTHUR
STREET ADDRESS	2204 LANCEWOOD CT.	3.3 STREET ADDRESS	15813 TRIGONIA STREET
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORIE, THOMAS	4.2 NAME	
STREET ADDRESS	14254 LAKE PRICE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISER, DAVID	5.2 NAME	PRESLEY, CLAUDE
STREET ADDRESS	4688 HALL RD.	5.3 STREET ADDRESS	8329 PURCELL DRIVE
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, VANCE	6.2 NAME	
STREET ADDRESS	1210 LAKE LUCERNE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	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 119.07(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: **SBC/TRBAS
DAMIEN ZWICOLA** **1-15-96** **407-275-8790**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)