

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734156 (3)
1. Corporation Name
FAITH ASSEMBLY OF GOD OF ORLANDO, INC.



Principal Place of Business 2008 N. GOLDENROD RD. ORLANDO FL 32807	Mailing Address 2008 N. GOLDENROD RD. ORLANDO FL 32807-8544
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3. Date Incorporated or Qualified 10/23/1975	3a. Date of Last Report 01/25/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1773665	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STEPHENS, M CARL
STREET ADDRESS	3423 PAISLEY CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	ZINICOLA, DAMIEN T
STREET ADDRESS	8118 BRITT DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STODDARD, ARTHUR
STREET ADDRESS	15813 TRIGONIA STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ORIE, THOMAS
STREET ADDRESS	14254 LAKE PRICE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRESLEY, CLAUDE
STREET ADDRESS	8329 PURCELL DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BARKER, VANCE
STREET ADDRESS	1210 LAKE LUCERNE CIRCLE
CITY-ST-ZIP	WINTER SPRINGS FL

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 checked="" type="checkbox"/> Addition
2.2 NAME	ST Mathews, John
2.3 STREET ADDRESS	5938 Goldenwood Dr.
2.4 CITY-ST-ZIP	Orlando, Fl. 32817
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 checked="" type="checkbox"/> Addition
4.2 NAME	D Angelakos, Jim
4.3 STREET ADDRESS	606 Palm Bay Ct. #201
4.4 CITY-ST-ZIP	Orlando, Fl. 32825
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 checked="" type="checkbox"/> Addition
6.2 NAME	D Kiser, David
6.3 STREET ADDRESS	4688 Hall Rd.
6.4 CITY-ST-ZIP	Orlando, Fl. 32817

14. I do 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.

SIGNATURE: *Carl Stephens* **Carl Stephens** President **2/26/97** **407-275-8790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016824

CR2E037 (9/96)