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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 734156

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/23/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1773665	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEPHENS, CARL 2008 N. GOLDENROD RD. ORLANDO FL 32807				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, M CARL	1.2 NAME	
STREET ADDRESS	3423 PAISLEY CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, JOHN	2.2 NAME	Clarke, Peter
STREET ADDRESS	5938 GOLDENWOOD DRIVE	2.3 STREET ADDRESS	5306 Goldenwood Dr.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl. 32817
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODDARD, ARTHUR	3.2 NAME	Barker, Vance
STREET ADDRESS	15813 TRIGONIA STREET	3.3 STREET ADDRESS	1210 Lake Lucerne Cir.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Springs, Fl. 32708
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELAKOS, JIM	4.2 NAME	
STREET ADDRESS	606 PALM BAY COURT, #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, CLAUDE	5.2 NAME	
STREET ADDRESS	8329 PURCELL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISER, DAVID	6.2 NAME	
STREET ADDRESS	4688 HALL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Carl Stephens* REQUIREL President 2-23-99 275-8790  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)