

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90227 022 ****70.00

DOCUMENT # 734156

1. Entity 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

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

59-1773665

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, CARL
2008 N. GOLDENROD RD.
ORLANDO FL 32807

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.

SIGNATURE

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	STEPHENS, M CARL	3423 PAISLEY CIRCLE	ORLANDO FL	<input type="checkbox"/>
ST	CLARKE, PETER	5306 GOLDENWOOD DR	ORLANDO FL 32817	<input type="checkbox"/>
D	BARKER, VANCE	1210 LAKE LUCERNE CIR	WINTER SPRINGS FL 32708	<input type="checkbox"/>
D	ANGELAKOS, JIM	606 PALM BAY COURT, #201	ORLANDO FL	<input checked="" type="checkbox"/>
D	PRESLEY, CLAUDE	8329 PURCELL DR	ORLANDO FL	<input type="checkbox"/>
D	KISER, DAVID	4688 HALL RD.	ORLANDO FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Riggs, Edmond	8318 Calais Circle	Orlando, Fl. 32825	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Quinones, Joseph	679 Waterscape Way	Orlando, Fl. 32828	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Simpson, Thomas	2463 Mount Royal Pl	Oviedo, Fl. 32766	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Carl Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Stephens
President

2/6/01

407-275-8790

Date

Daytime Phone #

CR2E037 (10/00)