2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #742583



FILED Apr 28, 2004 8:00 am Secretary of State

1. Entity Name LOCKWOOD MISSIONARY BAPTIST CHURCH OF ORLANDO, INC.				04	4-28-2004 90284 017 ****61.25
16224 OLD	e of Business CHENEY HIGHWAY L 32833-2783	Mailing Address 16224 OLD CHENEY HIG ORLANDO, FL 32833-2			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg	g-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number 59-3010427	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Stat	\$9.75 Additional
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Agent
MULLINS, RANDY 13808 BELLES LANE ORLANDO, FL 32826 Name JOUN TANNES Street Address (P.O. Bes Number is Not Acceptable) 7465 Phillips Board					
			City Chr	igTALAS,	FL Zip Code
B. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature requ	uired when reinstaling)	> 4/21/14
-,	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTORS IN 10
€.	VD DDIEST 105	☐ Delete	TITLE		☐ Change ☐ Addition
*NAME STREET ADDRESS	PRIEST, JOE 455 MCLAIN LANE		NAME STREET ADDRESS		
CITY ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TANNER, JOHN		NAME		
STREET ADDRESS CITY-ST-ZIP	3465 PHILLIPS ROAD CHRISTMAS, FL		STREET ADORESS CITY-ST-ZIP		
TITLE	D	Delete	TITLE DO	AUL Charl	OS MACK Gethange GAddition
NAME	JONES, GENE	,	NAME	IRIHK FTCL	The state of the s
STREET ADDRESS CITY-ST-ZIP	777 LOCKWOOD DRIVE		STREET ADDRESS CITY-ST-ZIP	1 2 2 2 4 5	OS MACK OF Change Addition 19 1 MAS RJ 12 32709
TITLE	ORLANDO, FL	Z Delete	TITLE D	n 1191 anas	4-Priange Addition
NAME	MULLINS, RANDY	Delete	NAME V	Bobby Ben	16Le _
STREET ADDRESS	13808 BELLAS LN	,	STREET ADDRESS 2	1302 FT. CI	GrisTing-5 Rd.
CITY-ST-21P	ORLANDO, FL		CITY-ST-ZIP C	hristmas	5, PL 32709
TITLE NAME		Delete	TITLE 7	Zichacil K	Change Addition
STREET ADDRESS			STREET ADDRESS	BOOH SLIPPO	14 rock
CITY-ST-ZIP			CITY-ST-ZIP	Oxi, FL	32826
TITLE		☐ Delete	TITLE	·	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		·
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 time like empowered.					
CICNIAT	TIDE: MY KA	ILIMU RIV	hard hall	N 11/2/11	DC4 497787-77
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR DIRECT					