

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762495**

1. Entity Name  
FAITH CREATION FELLOWSHIP, INC.



Principal Place of Business

PO BOX 585475  
ORLANDO, FL 32858-5475

Mailing Address

PO BOX 585475  
ORLANDO, FL 32858-5475



02062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3726640

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COPELAND, THOMAS L  
6211 CHINABERRY DR  
ORLANDO, FL 32808

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000821881  
02/19/08-80019-022 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
COPELAND, THOMAS L  
6211 CHINABERRY DR  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GREEN, KAREN K  
6226 CHRISTIAN WAY  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
COPELAND, DIAN  
6211 CHINABERRY DR  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GREEN, REYNOLD D  
6226 CHRISTIAN WAY  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Reynold D. Green* REYNOLD D. GREEN 2/6/08 407 295 2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #