

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 765177

1. Entity Name

FAITH TEMPLE OF CHRIST CHURCH OF ORLANDO, INC.



FILED

06 SEP 20 PM 2:32

Principal Place of Business

2392 W. CHURCH ST.  
ORLANDO FL 32805  
US

Mailing Address

6838 REMBRANDT DR.  
ORLANDO FL 32818  
US

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

NO-T APPLICABLE

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

WILLIAMS, MACEY J  
6838 REMBRANDT DR  
ORLANDO FL 32818

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. 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

FILE NOW: FEE IS \$61.25  
Due By September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLIAMS, MACEY J REV ☐ Delete  
STREET ADDRESS 6838 REMBRANDT DR  
CITY-ST-ZIP ORLANDO FL

TITLE SD  
NAME WILLIAMS, KIMBERLY E ☐ Delete  
STREET ADDRESS 6838 REMBRANDT DR  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ Delete  
NAME BOWMAN, DIMITRA  
STREET ADDRESS 2121 SAN JOSE BLVD.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 100080188471  
STREET ADDRESS 09/26/06--01067--017 \*\*61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME T.O. Williams, Keisha  
STREET ADDRESS 5914 GROVELINE DR.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Change ☒ Addition  
NAME ~~Mrs. Geraldine Williams~~ Geraldine  
STREET ADDRESS 5914 GROVELINE DR.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Macey J. Williams Macey J. Williams 9/15/06 381-946-7669

K. Eckel SEP 21 2006