? : 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N00000001176 02-26-2004 90026 010 ****61.25 1. Entity Name EGLISE BAPTISTE PENIEL OF ORLANDO, INC. Principal Place of Business Mailing Address DOZUVIVV 4410 RALEIGH ST ORLANDO FL 38811 44 6/RALEIGH ST NDO FL 38811 Mailing Address MOORE CR2E037 (11/03) Alle 4. FEI Number Applied For .59-3706427 Not Applicable \$8.75 Additional 5. Certificate of Status Desired orai MO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILUS, JACKSON M. Street Address (P.O. Box Number is Not Acceptable) 3409 PIPES OF THE GLEN WAY ORLANDO FL 32808 808 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11, TO OFFICERS AND DIRECTORS IN 10 ☐ Delete BILE ☐ Change FILUS, JACKSON NAME NAME per oThe Glades Stort 32808 3409 PIPESO THE GLEN W. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY. ST. ZIP CITY-ST-ZIP TITLE Delete FILUS, ESTILIEN NAME ' 3409 PIPES O THE GLEN W. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-24P ☐ Delete TITLE JOSPEH, MINOUSE NAME 3409 PIPES O THE GLEN WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP Oelela TITLE ☐ Change ☐ Addition FIBS, MARIANA NAME 3409 PIPES O THE GLEN WAY STREET ADDRESS STREET ADORESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition DESTING, SHELHA NAME NAME 3409 PIPES OTHE GLA STREET ADDRESS STREET ADDRESS OFILANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 other like empowered. SIGNATURE:

FILED

Mar 18, 2004 8:00 am

Daytime Phone 6