


FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00458** (2)

1. Corporation Name

**ORLANDO FREEWILL BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**214 DRENNEN RD  
ORLANDO FL 32806  
US**

**214 DRENNEN ROAD  
ORLANDO FL 32806-6138  
US**



3. Date Incorporated or Qualified  
**12/19/1983**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
**59-1866014**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, PAUL A.  
214 DRENNEN RD.  
ORLANDO FL 32806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLINGENSMITH, JAMES, JR.</b>	
STREET ADDRESS	<b>189 MCCOY DR.</b>	
CITY - ST - ZIP	<b>LAKE PLACID FL</b>	
TITLE	<b>TDS</b>	<input type="checkbox"/> DELETE
NAME	<b>REYNOLDS, ISA</b>	
STREET ADDRESS	<b>5464 PARKWAY DR.</b>	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, PAUL A.</b>	
STREET ADDRESS	<b>214 DRENNEN RD.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PEACOCK, FAYE</b>	
STREET ADDRESS	<b>221 OPAL DR.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWEN, JOHN R.</b>	
STREET ADDRESS	<b>2222 KIWI TRAIL</b>	
CITY - ST - ZIP	<b>CLERMONT FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, W.B.</b>	
STREET ADDRESS	<b>214 DRENNEN RD.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul A. Davis* **PCD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-97 (407) 855-1230**

Date

Daytime Phone # **0016748**

CR2E037 (9/96)