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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90096 007 \*\*\*\*70.00

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DOCUMENT # N00458

1. Corporation Name

ORLANDO FREEWILL BAPTIST CHURCH, INC.

Principal Place of Business

214 DRENNEN RD  
ORLANDO FL 32806  
US

Mailing Address

214 DRENNEN ROAD  
ORLANDO FL 32806-6956  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/19/1983

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME KLINGENSMITH, JAMES, JR.

STREET ADDRESS 189 MCCOY DR.

CITY-ST-ZIP LAKE PLACID FL

TITLE TDS ☐ DELETE

NAME REYNOLDS, ISA

STREET ADDRESS 5464 PARKWAY DR.

CITY-ST-ZIP ORLANDO, FL 00000

TITLE PCD ☐ DELETE

NAME DAVIS, PAUL A.

STREET ADDRESS 214 DRENNEN RD.

CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME PEACOCK, FAYE

STREET ADDRESS 221 OPAL DR.

CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME BOWEN, JOHN R.

STREET ADDRESS 2222 KIWI TRAIL

CITY-ST-ZIP CLERMONT FL

TITLE D ☐ DELETE

NAME DAVIS, W.B.

STREET ADDRESS 214 DRENNEN RD.

CITY-ST-ZIP ORLANDO FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Paul A. Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PCD

04-29-99

(407)855-1230 - C

(407)855-5115 - H

Date

Daytime Phone #

CR2E037 (11/98)