

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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90045 010 ****70.00

DOCUMENT # N00458

1. Entity 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

24000000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1866014

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

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

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 May 1, 2004

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

TDS ☐ Delete
NAME DAVIS, BARBARA J
STREET ADDRESS 214 DERNEN ROAD
CITY-ST-ZIP ORLANDO FL 32806

PCD ☐ Delete
NAME DAVIS, PAUL A.
STREET ADDRESS 214 DRENNEN RD.
CITY-ST-ZIP ORLANDO FL

D ☐ Delete
NAME DAVIS, WANDA L
STREET ADDRESS 214 DRENNEN ROAD
CITY-ST-ZIP ORLANDO FL 32806

D ☐ Delete
NAME DAVIS, W.B.
STREET ADDRESS 214 DRENNEN RD.
CITY-ST-ZIP ORLANDO FL

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Paul A. Davis* **PAUL A. DAVIS** **PCD** **04-07-04** **407-855-1230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #