

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90727 028 ****61.25

DOCUMENT # N01000000341

1. Entity Name

INTERNATIONAL FAITH MINISTRIES OF ORLANDO, INC.

Principal Place of Business

**5265 ALHAMBRA DRIVE
ORLANDO FL 32808**

Mailing Address

**5265 ALHAMBRA DRIVE
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

P.O. Box 580707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32858

USA

4. FEI Number

693694704

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

HODGES, GEORGE

**585 SOUTH CR 427 STE 121
LONGWOOD FL 32750-5462**

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D RICHARDSON, ROGER**
STREET ADDRESS **504 EMORY OAK ST**
CITY-ST-ZIP **OCOE FL 34761**

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

TITLE ☐ Delete
NAME **D RICHARDSON, MARCIA**
STREET ADDRESS **504 EMORY OAK ST**
CITY-ST-ZIP **OCOE FL 34761**

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

TITLE ☐ Delete
NAME **D PARKER, DIANE**
STREET ADDRESS **7448 COVINA CT**
CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)