

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 026 ****61.25

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DOCUMENT # N01000000341

1. Entity Name

INTERNATIONAL FAITH MINISTRIES OF ORLANDO, INC.

40 Rhema University



Principal Place of Business

**5265 ALHAMBRA DRIVE
ORLANDO FL 32808**

Mailing Address

**P.O. BOX 580707
ORLANDO FL 32858**

2. Principal Place of Business

310 S. Dillard St

Suite, Apt. #, etc.

200

3. Mailing Address

310 S. Dillard St.

Suite, Apt. #, etc.

200

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

USA

4. FEI Number **59-3694704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HODGES, GEORGE

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

7. Name and Address of New Registered Agent

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROGER DR.	
STREET ADDRESS	504 EMORY OAK ST	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, MARCIA	
STREET ADDRESS	504 EMORY OAK ST	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, DIANE	
STREET ADDRESS	7448 COVINA CT	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HAMILTON, HAROLD G SR.	
STREET ADDRESS	1112 CLIMBING ROSE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, RUTH J DR.	
STREET ADDRESS	2241 LAKE VILMA	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOURNE, HON. GERALD	
STREET ADDRESS	400 S. MILWEE STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

MARCIA RICHARDSON

Vice President

CR2E037 (10/02)