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05-22-2003 90142 030 \*\*\*61.25

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

**DOCUMENT # N0100005034**

1. Entity Name  
**LIVING FAITH COMMUNITY CHURCH OF ORLANDO, INC.**



**55052646**

Principal Place of Business  
 6196 RALEIGH ST., #1200  
 ORLANDO, FL 32835

Mailing Address  
 PO BOX 618540  
 ORLANDO, FL 32861

*2356 Alclobe Cir  
 Ocoee, FL 34761*

2. Principal Place of Business  
*2356 Alclobe Cir.*

3. Mailing Address  
 Sube, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
*Ocoee FL*

City & State

Zip  
*34761*

Country  
*USA*

4. FEI Number  
**58-3733375**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TURNER, JOHNNY**  
 6136 RALEIGH ST., #1200  
 ORLANDO, FL 32835  
*2356 Alclobe Cir  
 Ocoee, FL 34761*

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 \_\_\_\_\_  
(Printout, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when checked) DATE

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
D Director	TURNER, JOHNNY	<i>2356 Alclobe Cir</i>	<i>Ocoee, FL 34761</i>	<input type="checkbox"/>
D Director	TURNER, PATRICIA	<i>2356 Alclobe Cir</i>	<i>Ocoee, FL 34761</i>	<input type="checkbox"/>
T	CANADA, DELORES	12968 BROOKFIELD CIRCLE	ORLANDO, FL 32837	<input type="checkbox"/>
<del>Director</del>	<del>LEON LAMBERT</del>	<del>1923 RACHEL'S RIDGE LOOP</del>	<del>Ocoee, FL 34761</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
A. Assistant Treasurer	LEON LAMBERT	1923 RACHEL'S RIDGE LOOP	Ocoee, FL 34761	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 affidavit, with all other information empowered.

SIGNATURE: *Patricia Turner* 5/11/03 407 445-3885

PRINT AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Current Page #

CHAPTER 100.02