

# 2002 UNIFORM BUSINESS REPORT (UBR)

0069368

DOCUMENT # **N01000006909**

1. Entity Name

**GREATER FAITH BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 780202  
ORLANDO FL 32878

P.O. BOX 780202  
ORLANDO FL 32878

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

**01-0570976**

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

**WARLICK, DR RONALD G**  
**4110 FOREST ISLAND DR**  
**ORLANDO FL 32826**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WARLICK, DR RONALD G</b> <b>4110 FOREST ISLAND DR</b> <b>ORLANDO FL 32826</b> <b>D</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WARLICK, PATSY</b> <b>4110 FOREST ISLAND DR</b> <b>ORLANDO FL 32826</b> <b>T</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>WARLICK, TORI L</b> <b>4110 FOREST ISLAND DR</b> <b>ORLANDO FL 32826</b> <b>T</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**400008793424**  
**11/05/02--01003--001 \*\*61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Tori L Warlick* **Tori L Warlick**

**10/4/02**

**4072089836**

CR2E037 (9/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 7, 2002

GREATER FAITH BAPTIST CHURCH OF ORLANDO, INC.  
P.O. BOX 780202  
ORLANDO, FL 32878

SUBJECT: GREATER FAITH BAPTIST CHURCH OF ORLANDO, INC.  
Ref. Number: N01000006909

We have received your document for GREATER FAITH BAPTIST CHURCH OF ORLANDO, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 102A00056133