

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000007936**

1. Entity Name  
**FAITH FOUNDATION OF ORLANDO, INC.**



Principal Place of Business  
**1025 OAK RIDGE RD.  
ORLANDO, FL 32809**

Mailing Address  
**1025 OAK RIDGE RD.  
ORLANDO, FL 32809**



03052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3756624**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**YAP, HOOVER  
3950 KIAWA DR  
ORLANDO, FL 32837**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

000000085094  
03/11/04-80034-004 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
YAP, HOOVER  
3950 KIAWA DR  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MACALIA, BANITO  
264 DUBLIND DR.  
LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
YAP, HARVEY  
907 W. WYMORE RD.  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
YAP, ALINE  
3950 WANW DR.  
ORLANDO, FL 32837**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
YAP, ESTHER  
909 N. WYMORE RD.  
WINTER PARK, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ROMERO, HELEN  
3950 KIAWA DR.  
ORLANDO, FL 32837**

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04 502-342-732