	5 NOT-FOR'PR	OFIT CORPC	RATION	$\begin{array}{c} 1 \\ 2 \\ 2 \\ \end{array}$	lar 07, 200 Secretary (5 8:00 an of State	
1. Entity Name	IENT # N0400001 ORLANDO WORSHIP (02-01-2005 90060 0 02-01-2005 90060 0	01 ****61.75	
Principal Place P.O. BOX 9511 LAKE MARY, FI	516	Mailing Address P.O. BOX 951616 LAKE MARY, FL 3279	5	1 (11111) 03 (1111		ETTEL STIKEL IN 1995	
2. Principal Pla	ce of Business	3. Mailing Address					
Suite, Apt. #	etc.	Suite, Apt. #, etc.		01032005 Chg-NP CR2E037 (10/03)			
City & State	· · · · · · · · · · · · · · · · · · ·	City & State		4. FEI Nutrer	2-4723/89	Applied For Not Applicable	
Zip	Country	Zip Country		5. Certificate of S	tatus Desired	75 Additional	
	- 6. Name and Address of Curren	t Registered Agont	Nama	7: Name and Add	fress of New Registered Agent		
RIDINGS, H		•. 		(P.O. Box Number is	Not Acceptable)	·	
LAKE MAR							
				FL Zp Code			
	iling Fee is \$61.25 Due by May 1, 2005 OFFICERS AND D	Trust Fund	Totign Financing Contribution.	\$5.00 May Be Added to Fees	Make check pays Florida Department	t of State	
TITLE NAME STREET ADDRESS	TTLE P CI Deleter		11. ITTLE NAME STREET ADDRESS CITY - ST - ZP	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	hange 🔲 Addūlion	
TITLE NAME STREET ADDRESS	20. BOX 951616 .AKE MARY, FL 32795	C Octos	TITLE NAME STREET ADDRESS CITY-ST-209			hange 🗋 Addition	
HIRLER STREET ADDRESS	 Financial Officer Carroll, Dicksie 414 Myrtle Ave Sanford, FL 32771 	C Deleta	TITLE NAME STREET ADDRESS CITY-ST-72P		00	hange 🗋 Addition	
TITLE NAMESTREET ADDRESS CITY-ST-ZIP		0 dets	HILE HAME STREET ADDRESS CTTY-ST-ZP	• •		hange Addition	
		C Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		••••	tenge 🗋 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		C) Deleta	TTOLE NAME STREET ADDRESS			tange 🗋 Addition	
NAME STREET ADDRESS CITY-51-20 TITLE ¹ NAME STREET ADDRESS CITY-51-20	wy that the information supplied wit		CITY-ST-ZP				

ATTACHMENT

6003611 04000001014

S DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE HOLTSVILLE NY 11742-9003

Date of this notice: 08-09-2004 Employer Identification Number:

004409.148437.0018.001 1 MB 0.309 705 նորությունը հայտիներին հայտիներին հայտիների

HEART OF ORLANDO WORSHIP CENTER % HOWARD & ROSELLA RIDINGS 600 RINEHART RD LAKE MARY FL 32746

56-2473389

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 56-2473389. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply .

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records.
- Use this EIN and your name exactly as they appear above on all your federal tax forms.

Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.



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