

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90247 001 ****61.25
03-28-2006 90247 002 *****8.75

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DOCUMENT # N05000007702					
1. Entity Name ORLANDO LIBERTY BIBLE FELLOWSHIP, INC.					
Principal Place of Business 149-44 INDIGO LAKE DR. ORLANDO, FL 32824			Mailing Address 149-44 INDIGO LAKE DR. ORLANDO, FL 32824		
2. Principal Place of Business 608 LAKE BISCAVINE Suite, Apt. #, etc.			3. Mailing Address 106-45 98th Street. Suite, Apt. #, etc.		
City & State ORLANDO FLORIDA Zip 32824 Country USA			City & State OZONE PK, N-Y Zip 11417 Country USA		
4. FEI Number 65-1250117			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DALLOO, RONALD 149-44 INDIGO LAKE DR. ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name RONALD DALLOO Street Address (P.O. Box Number is Not Acceptable) 608 LAKE BISCAVINE City ORLANDO, FL Zip Code 32824		
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 <u>Ronald Dallo</u> - RONALD DALLOO 3/20/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERSAUD, MICHAEL C 106-45 98TH ST. OZONE PARK, NY 11417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERSAUD, JOSEPH M 106-45 98TH ST. OZONE PARK, NY 11417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SINGH, MAHASE 106-45 98TH ST. OZONE PARK, NY 11417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DALLOO, RONALD 149-44 INDIGO LAKE DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM, MAHENDRA 149-44 INDIGO LAKE DR. ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Michael C Persaud</u> , REV MICHAEL C PERSAUD 3/22/06 718-322-4440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					