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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16958** (3)

1. Corporation Name

THE FAMILY WORSHIP CENTER OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1706 E SEMORAN BLVD STE 130
APOPKA FL 32703
US

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APOPKA FL 32703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1986	3a. Date of Last Report 04/11/1994
4. FEI Number 59-2737255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 36 E. OAK ST., APOPKA, FL	26 36 E. OAK ST., APOPKA, FL
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 APOPKA, FL	28 APOPKA, FL
24 32703 25 U.S.	29 32703 30 U.S.

9. Name and Address of Current Registered Agent

LAMBERT, DOUG
978 VINERIDGE RUN
APT. 304
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name BANKSON, ROGER C.
82 Street Address (P.O. Box Number is Not Acceptable) 36 E. OAK ST.
83
84 City APOPKA
85 State FL
86 Zip Code 32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Roger C. Bankson* **ROGER C. BANKSON** **4/22/95**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LAMBERT, DOUG	STREET ADDRESS 978 VINERIDGE RUN #304	CITY - ST - ZIP ALTAMONTE SPRINGS FL
TITLE VD	NAME FISCHER, JIM	STREET ADDRESS 2470 ISLAND DR	CITY - ST - ZIP LONGWOOD FL
TITLE SD	NAME MOLINE, DAVID	STREET ADDRESS 424 BAY TREE LANE	CITY - ST - ZIP LONGWOOD FL
TITLE TD	NAME MARSDEN, PAUL	STREET ADDRESS 1038 PIEDMONT LAKES BLVD.	CITY - ST - ZIP APOPKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD	NAME BANKSON, DOUGLAS M.	STREET ADDRESS 1017 HIGH MEADOW RD.	CITY - ST - ZIP APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE VID	NAME BANKSON, JERI	STREET ADDRESS 1017 HIGH MEADOW RD.	CITY - ST - ZIP APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE VID	NAME BANKSON, ROGER C.	STREET ADDRESS 36 E. OAK ST.	CITY - ST - ZIP APOPKA, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE RESIGNED	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roger C. Bankson* **ROGER C. BANKSON** **4/22/95** **(407) 889-0221**