

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33392 (4)

1. Corporation Name

**FULL GOSPEL MIRACLE REVIVAL CENTER OF ORLANDO, F
LA. INC.**

Principal Place of Business

Mailing Address

**4229 LK RICHMOND
ORLANDO FL 32811**

**4229 LK RICHMOND
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1989	3a. Date of Last Report 11/21/1994
4. FEI Number 59-3013678	Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
Zip 24	Country 25	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
Zip 29	Country 30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, ROOSEVELT
4229 LAKE RICHMOND DR
ORLANDO FL 32811**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROOSEVELT	1.2 NAME	
STREET ADDRESS	4229 LAKE RICHMOND DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JESSIE	2.2 NAME	
STREET ADDRESS	4229 LAKE RICHMOND DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NOBLES, INEZ	3.2 NAME	
STREET ADDRESS	2088 HARTFORD PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, RHONDA	4.2 NAME	
STREET ADDRESS	5810 ELON DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 467 422-1034