

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N42071
 1. Entity Name
ORLANDO FAITH MINISTRIES INTERNATIONAL, INC



Principal Place of Business Mailing Address
 2791 N. PINE HILLS RD. 2791 N. PINE HILLS RD.
 ORLANDO, FL 32808 US ORLANDO, FL 32808 US

DO NOT WRITE IN THIS SPACE



04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-3047263 Not Applicable

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

6. Name and Address of Current Registered Agent
 JOHNSON, WILLIE B.
 2791 N. PINE HILLS RD.
 ORLANDO, FL 32808

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000153152
 05/04/04-80116-014 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARZON, RICHARD 8117 ALVERON AVENUE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, DENISE C. 6632 CANTERLEA DR. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, TERRY 2054 CERANDA CIRCLE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALBERT 1225 MOSELLE AVENUE, #20 ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, WILLIE B 6632 CANTERLEA DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(f), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Willie B. Johnson 4-28-04 407-291-2036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #