

**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
**2791 N. PINE HILLS RD.
ORLANDO, FL 32808 US**

Mailing Address
**2791 N. PINE HILLS RD.
ORLANDO, FL 32808 US**



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3047263

Applied For
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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

407-291-2030

Daytime Phone #