

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44508** (2)

1. Corporation Name
FAITH CHRISTIAN FELLOWSHIP OF ORANGE COUNTY, INC



Principal Place of Business
**6241 CURRY FORD RD.
SUITE 89
ORLANDO FL 32822
US**

Mailing Address
**P. O. BOX 555671
ORLANDO FL 32855-5671
US**

3. Date Incorporated or Qualified **07/30/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0265532** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ARNDT, THOMAS
6241 CURRY FORD RD.
SUITE 89
ORLANDO FL 32822**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D President	1.2 NAME	
STREET ADDRESS	ARNDT, THOMAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	6241 CURRY FORD RD., SUITE 89	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ORLANDO FL	2.1 TITLE	
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	D Sec./ Treasurer	2.3 STREET ADDRESS	
STREET ADDRESS	ARNDT, TERRI	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	6241 CURRY FORD RD., SUITE 89	3.1 TITLE	
	ORLANDO FL	3.2 NAME	600001808556
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	-05/06/96--01024--030
NAME	D Vice President	3.4 CITY-ST-ZIP	***\$1.25
STREET ADDRESS	ASBURY, CARL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	4439 SEAGULL DR.	4.2 NAME	
	MERRITT ISLAND FL	4.3 STREET ADDRESS	05/06/96--01024--008
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	***\$125445.08
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
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: _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)

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