

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 # N45910 (9)  
1. Corporation Name  
EBENEZER UNITED METHODIST CHURCH OF ORLANDO, INC



Principal Place of Business  
1019 S. GOLDWYN AVENUE  
ORLANDO FL 32805-4305

Mailing Address  
1019 S. GOLDWYN AVENUE  
ORLANDO FL 32805-4305

|                                |  |                     |  |   |  |                                       |  |
|--------------------------------|--|---------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>11/06/1991 |  | 3a. Date of Last Report<br>03/23/1995 |  |
| 21                             |  | 26                  |  | 4. FEI Number<br>59-3011754                     |  | Applied For<br>Not Applicable         |  |
| 22                             |  | 27                  |  | 5. Certificate of Status Desired                |  | 8.75 Additional<br>Fee Remitted       |  |
| 23                             |  | 28                  |  | Trust Fund Contribution                         |  | 5.00 May Be<br>Added to Fees          |  |

|     |  |         |  |     |  |         |  |  |  |
|-----|--|---------|--|-----|--|---------|--|--|--|
| 24  |  | 25      |  | 29  |  | 30      |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes |  |
| Zip |  | Country |  | Zip |  | Country |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                        |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent          |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| BRIGHT, RUDOLPH<br>3491 COLWYN COURT<br>ORLANDO FL 32812 |  |  |  | 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 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and this if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------|---|--|
| TITLE                      | P JACKSON, DORIS       | 11 TITLE  |  |
| NAME                       | 6100 HOLIDAY HILL LANE | 12 NAME   |  |
| STREET ADDRESS             | ORLANDO FL             | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 14 CITY-ST-ZIP  |  |
| TITLE                      | VC AIKENS, ELAINE      | 21 TITLE  |  |
| NAME                       | 126 DOMINO STREET      | 22 NAME   |  |
| STREET ADDRESS             | ORLANDO FL             | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 24 CITY-ST-ZIP  |  |
| TITLE                      | S ALEXANDER, SHERYL    | 31 TITLE  |  |
| NAME                       | 508 BETSY ROSS TERRACE | 32 NAME   |  |
| STREET ADDRESS             | ORLANDO FL             | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 34 CITY-ST-ZIP  |  |
| TITLE                      | T FINLEY, BENJAMIN     | 41 TITLE  |  |
| NAME                       | 433 SURREY RUN         | 42 NAME   |  |
| STREET ADDRESS             | CASSELBERRY FL         | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 44 CITY-ST-ZIP  |  |
| TITLE                      | D BARTON, JOHN         | 51 TITLE  |  |
| NAME                       | 437 N TAMPA AVENUE     | 52 NAME   |  |
| STREET ADDRESS             | ORLANDO FL             | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 54 CITY-ST-ZIP  |  |
| TITLE                      | D BRIGHT, RUDOLPH      | 61 TITLE  |  |
| NAME                       | 3491 COLWYN COURT      | 62 NAME   |  |
| STREET ADDRESS             | ORLANDO FL             | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |                        | 64 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: Rudolph Bright Director Date: 4/22/96 (407) 896-3860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)