

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45910

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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/06/1991
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-3011754
25	Country	Country	Applied For
26	Zip	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
28	Zip	Country	\$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing <input type="checkbox"/>
30	Zip	Country	Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRIGHT, RUDOLPH 3491 COLWYN COURT 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, DORIS	1.2 NAME	
STREET ADDRESS	6100 HOLIDAY HILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIKENS, ELAINE	2.2 NAME	
STREET ADDRESS	126 DOMINO STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	
TITLE	S D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, CORA	3.2 NAME	
STREET ADDRESS	4510 E LAKE MARTIN LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPE, MAURICE	4.2 NAME	
STREET ADDRESS	3813 CALIBRE BEND LANE # 2701	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, RANDOLPH	5.2 NAME	
STREET ADDRESS	3491 COLWYN COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Rudolph Bright SIGNATURE REQUIRED: Rudolph Bright (407) 896-3860

CR2E037 (1/98)