

# 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 # **N48146** (7)

1. Corporation Name

**JESUS IS LORD CHURCH OF ORLANDO, INC.**



Principal Place of Business

Mailing Address

**4436 GOLDENRAIN CT.  
ORLANDO FL 32808  
US**

**4436 GOLDENRAIN CT.  
ORLANDO FL 32808  
US**

3. Date Incorporated or Qualified

**04/01/1992**

3a. Date of Last Report

**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

**21 6250 EDGEWATER DRIVE**

**26 6250 EDGEWATER DRIVE**

4. FEI Number

**59-3108782**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 SUITE 300**

**27 SUITE 300**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 ORLANDO FLORIDA**

**28 ORLANDO FLORIDA**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 32810**

**25 ORANGE**

**29 32810**

**30 ORANGE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUINONES, ROBERTO  
3241 FAY COURT  
DELTONA FL 32738**

81 Name

**ROBERTO QUINONES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4436 GOLDENRAIN CT.**

83

84 City

**ORLANDO**

**FL**

85 Zip Code

**32808-1771**

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

*Roberto Quinones*  
Signature, typed or printed name of registered agent and title (if applicable)

*President*  
(NOTE: Registered Agent: signature required when reinstating)

*3/5/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINONES, ROBERTO</b>	
STREET ADDRESS	<b>3241 FAY COURT</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINONES, AIDA LUZ</b>	
STREET ADDRESS	<b>3241 FAY COURT</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, JOHN ANTHONY</b>	
STREET ADDRESS	<b>3241 FAY COURT</b>	
CITY-ST-ZIP	<b>DELTONA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

*Roberto Quinones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/96*  
Date

*(407) 578-3774*  
Daytime Phone #

CR2E037 (12/95)