


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48934</b>	
1. Entity Name FAITH UNITED METHODIST CHURCH, OF ORLANDO, INC.	

Principal Place of Business 1411 N. DEAN ROAD ORLANDO, FL 32825 US	Mailing Address 1411 N. DEAN ROAD ORLANDO, FL 32825 US
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**DO NOT WRITE IN THIS SPACE**

07062006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2067763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CASTLES, NANCY 1411 N. DEAN ROAD ORLANDO, FL 32825	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOSSETT, GEORGE 3201 LAKE KERRY DR. SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABRERA, PETER 3136 COLORADO AVE. ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTLES, NANCY 2502 FABRY CIR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARDSON, JOYCE 8306 PURCELL DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARNER, ASHTON 2202 CANONERO CT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, RAYMOND 9720 HEATHERWOOD CT. ORLANDO, FL 32826

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08/25/06-80002-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Carmen S. Arnett **CARMEN ARNETT** Aug 25, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #