

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N93000003057 (7)

1. Corporation Name

THE ORLANDO FLORIDA CONFERENCE, INC.

Principal Place of Business

40 EAST STATE STREET  
JACKSONVILLE FL 82202

Mailing Address

40 EAST STATE STREET  
JACKSONVILLE FL 32202

FILED

98 JUL 17 AM 10:51



3. Date Incorporated or Qualified

07/07/1993

4. FEI Number

53-0204696

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKER, AVA L  
603 N. MARKET STREET  
JACKSONVILLE FL 32202

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 617.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WILLIAMS, JO  
STREET ADDRESS PO BOX 738 N/A  
CITY-ST-ZIP OAKLAND FL 34760

TITLE ☐ DELETE

NAME KENNON, LEROY REV  
STREET ADDRESS 8029 CLOVERGLENN CIR  
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME MAIER, JOHN REV  
STREET ADDRESS 114 EATON ST #1  
CITY-ST-ZIP EATONVILLE FL 32751

TITLE ☐ DELETE

NAME BOUIE, MICHAEL J REV  
STREET ADDRESS 320 N LINCOLN ST  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ DELETE

NAME THOMPSON, JIMMY J REV  
STREET ADDRESS 2104 MARTIN LUTHER KING DR  
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE

NAME HEASTIE, RAYMON G REV  
STREET ADDRESS 150 PENNSYLVANIA AVE  
CITY-ST-ZIP WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

Thomas B. DeSue Thomas B. DeSue 07/17/98 355-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000085

CR2E037 (5/98)