

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90015 001 ***857.50

DOCUMENT # N93000003057

1. Corporation Name

THE ORLANDO FLORIDA CONFERENCE, INC.

Principal Place of Business

40 EAST STATE STREET
JACKSONVILLE FL 32202

Mailing Address

40 EAST STATE STREET
JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	101 East Union Street	26	101 East Union St	07/07/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 301		27 Suite 301		53-0204696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville, FL		28 Jacksonville		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24 32202		29 32202		30	

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	DeSue, Thomas B.	
82	Street Address (P.O. Box Number is Not Acceptable)	101 East Union Street Suite 301	
83	City	Jacksonville, FL	
84	City	FL	85 Zip Code 32202

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 Thomas B. DeSue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Thomas B. DeSue 9/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Zanders, Marvin C. II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, JO	1.2 NAME	D 5067 661011y Bay Lane
STREET ADDRESS	PO BOX 738 N/A	1.3 STREET ADDRESS	Orlando, FL 32829
CITY-ST-ZIP	OAKLAND FL 34760	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D Cloy, Charles E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNON, LEROY REV	2.2 NAME	D 159 Pennsylvania Avenue
STREET ADDRESS	8029 CLOVERGLENN CIR	2.3 STREET ADDRESS	Winter Park, FL 32789
CITY-ST-ZIP	ORLANDO FL 32818	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D DeSue, Thomas B. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINER, JOHN REV	3.2 NAME	D 101 East Union Street
STREET ADDRESS	114 EATON ST #1	3.3 STREET ADDRESS	Jacksonville, FL 32202
CITY-ST-ZIP	EATONVILLE FL 32751	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BOUIE, MICHAEL J REV	4.2 NAME	
STREET ADDRESS	320 N LINCOLN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	THOMPSON, JIMMY J REV	5.2 NAME	
STREET ADDRESS	2104 MARTIN LUTHER KING DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33805	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HEASTIE, RAYMON G REV	6.2 NAME	
STREET ADDRESS	159 PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	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: DeSue, Thomas B. QU Thomas B. DeSue 09/14/99 (904) 3558262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)