FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N950

N95000000206 (1)

Mailing Address

SOUTHCHASE ASSEMBLY OF GOD OF ORLANDO, INC.

2152 WHISPERLAKE BLVD ORLANDO FL 32837 US			2152 WHISPERLAKE BLVD ORLANDO FL 32837-6761 US			3. Date Incorporated or Qualified 01/12/1995	3a. Date Incorporated or Qualified 01/12/1995 02/19/1996			
2. Principal Pla	ace of Busin	ess		2a. Mailing Address			4. FEI Number	I. <u>—</u>		Applied For
21			26 P.O. BOX				59-3295310			Not Applicable
Suite, Apt. #	#, eic		27 Suite, Apt. #, 6				5. Certificate of Status Desired			Additional Required
City & State	•		City & State 28 ORLANDO	1 '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	:	Country 25	Zip 29 328-77	Zip Countr 29 32877 30 02			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No			
			rrent Registered Agent	11		1	10. Name and Address of New Reg	istered A	gent	
					81	Name				
	iu, peter i Irsley dri				82 Stree		Address (P.O. Box Number is Not Acceptable	e)		•
ORLANDO FL 32837					83		·			
					84	City	· , · · · · · · · · · · · · · · · · · ·	FL	85 Zi	p Code
office or re agent. I an SIGNATURE _	egistered age m familiar wit	ent, or both, in the Si h, and accept the of	0502 and 617.1508, Florida tate of Florida. Such change bligations of, Section 617.08 diagent and title if applicable.	e was authoriz 503, Florida St	ed by atute:	y the cor s.	I corporation submits this statement for the pupporation's board of directors. I hereby accept a required when reinstating?	the appoint	intment (g its registered as registered
12.			AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12
TITLE	PD		DELI	ETE 1.1	TITLE		T		Change	e Addition
NAME		IU, PETER		12	NAME				-	
STREET ADDRESS		RSLEY DRIVE				ADDRESS				
CITY-ST-ZIP		O FL 32837			CITY-S					
TITLE	SD	70 1 L 02001	M DELI		TITLE :			-	Change	e Y Addition
NAME		NADO, DAISY	7		NAME	رب–	411	-		~
STREET ADDRESS		RSLEY DRIVE				ADDRESS	955B COUNTRY CIRCLE			
CITY-ST-ZIP		O FL 32837				ST-ZIP	KIGNIE FINIO 2	4744	4	
TITLE	TD	NO TE GEGGI	DELI		TITLE	31-EIF	NO MINO	<u> </u>	Chang	e Addition
NAME		U, MARIA		· ·	NAME			•		
STREET ADDRESS		RSLEY DRIVE	•			ADDRESS				
CITY-ST-ZIP		OO FL 32837				ST-ZIP				
TITLE	VIIDAIL	O I E VEVVI	☐ DEL		TITLE	U. EN		[Chang	e Addition
NAME				4.2	NAME			_		
STREET ADDRESS						T ADDRESS				
CITY - ST - ZIP					CITY-S					
TITLE			DEL		TITLE	,, <u>L</u> II		Т	Chang	e Addition
NAME					NAME		1	•		
STREET ADDRESS						T ADDRESS	1			
CITY-ST-ZIP					CITY - S					
TITLE			☐ DEL		TITLE	/1 £11			Chang	e
NAME					NAME			1		
STREET ADDRESS						ADDRESS				
GINEET ADDRESS				0.3	JINECI	ADUNE 33				

14. I do 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 comparation 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

407 931-1897

FILED

Jan 22 1997 8:00am

Secretary of State

Daytime Phone # 0017853