**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N98000005740**

ASSEMBLY OF GOD CHURCH IN ORLANDO INC.

Princ	ipal F	Place	of	Business
90	DOV	61020	מנ	

Mailing Address



03-06-1999 90129 042 \*\*\*\*61.25

P.O. BOX 618 ORLANDO FL		P.O. BOX 618292 ORLANDO FL 32861						
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/07/1998				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	4. FEI Number	★ Applied For			
22		27	<u> </u>		Not Applicable			
City & Stat	е	City & State	- 2	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country		ountry	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	9. Name and Address of Curren		<del></del>	10. Name and Address of New Registered				
	5. Name and Address of Culter	t registered Agent	81 Name 4					
NITHEO CARROOM ARII COM			3/	ANTIAGO, LUCIA				
NEVES CARDOSO, ADILSON			82 Street Addre	ess (P.O. Box Number is Not Acceptable)				
8213 GRANDA BLVD. ORLANDO FL 32836-5302			83 622	4 RALEIGH ST #	809			
				RLANDO FL	0 7:- Od-			
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.		D DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12			
TITLE	D		TITLE D		☐ Change			
NAME	NEVES CARDOSO, ALILSON	12	NAME A	ANOEL FERREIRA				
STREET ADDRESS	8213 GRANADA BLVD.	1.3	STREET ADDRESS 3	ANOEL FERREIRA 213 GRANADA BLUD				
CITY-ST-ZIP	ODI ANDO EL GODO		CITY-ST-ZIP O	RLANDO FL39836-5.	302			
TITLE	D							
NAME.	SANTIAGO, LUCIA	2.2	NAME J	OUBERT SANTIAGO 224 RALEIGH <i>5</i> T#80	00			
STREET ADDRESS	AND A DAY CHARLES AND AND		STREET ADDRESS 6	224 RALEIGH ST # 89	77			
CITY-ST-ZIP	TY-ST-ZIP ORLANDO FL 32835-2216 2.40			RLANDO FL 32835	-2216			
TITLE	D	M DELETE 3.1	TITLE		Change Addition			
NAME	CARDOSO, JOSYMARA E	3.2	NAME					
STREET ADDRESS	6224 RALEIGH STREET APT. 8	09 3.3	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32835	3.4	. CITY- ST-ZIP					
TITLE		DELETE 4.1	TITLE		Change Addition			
NAME		4.7	2 NAME					
STREET ADDRESS		4.3	STREET ADDRESS					

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

1999

Change

Change

☐ Addition

☐ Addition