2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003455 1. Entity Name AVALON BAPTIST CHURCH OF ORLANDO FLORIDA, INC. Principal Place of Business Mailing Address 833 HICHORY HILL CT 833 HICHORY HILL CT ORLANDO FL 32828 ORLANDO FL 32828 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name WARD, DALE R 7587 BLANDING BLVD. JACKSONVILLE FL 32244 City 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. SIGNATURE

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

WARD, DALE R

JONES, JERRY

7587 BLANDING BLVD.

JACKSONVILLE FL 32244

5944 LONGCHAMP DRIVE

10.

TITLE

NAME

TITLE

NAME

SIGNATURE: ~

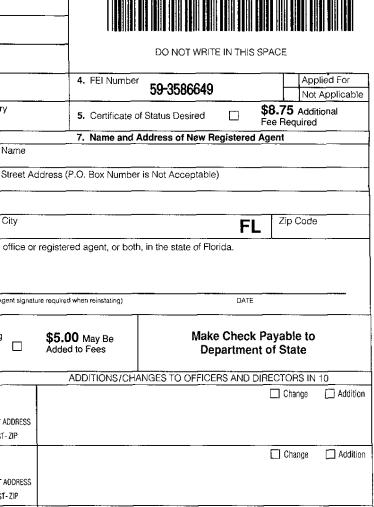
STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90025 008 ****61.25



2/22/01

CITY-ST-ZIP	JACKSONVILLE FL 32244		CITY-ST-ZIP			
TITLE	STT	☐ Delete	TITLE		Change	Addition
NAME	DOUGHERTY, BILL		NAME			
STREET ADDRESS	8234 SPENCERS TRACE		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE		Change	Addition
NAME	WARD, DALE R		NAME			Ì
STREET ADDRESS	833 HICKORY HILL CT		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32828		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME	·		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. 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 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.						

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Trust Fund Contribution.

Delete

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR