

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003455

FILED
Mar 17, 2005
Secretary of State

Entity Name: AVALON BAPTIST CHURCH OF ORLANDO FLORIDA, INC.

Current Principal Place of Business:

13000 AVALON LAKE DRIVE
SUITE 302
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

13000 AVALON LAKE DRIVE
SUITE 302
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 59-3586649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, WILLIAM D
10981 NORCROSS CIRCLE
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

BROOKS, WILLIAM D
2036 RED BUCKEYE LANE
ORLANDO, FL 32828 US

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:

03/17/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GROVES, JAMES E
Address: 14101 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: TSD () Delete
Name: LEWIS-MOLLOY, LORI G
Address: 4256 CLEARY WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: PD () Delete
Name: BROOKS, WILLIAM D
Address: 10981 NORCROSS CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BROOKS, WILLIAM D
Address: 2036 RED BUCKEYE LANE
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI LEWIS MOLLOY

TSD

03/17/2005

Electronic Signature of Signing Officer or Director

Date