2000 UNIFORM BUSINESS REPORT (UBR)

3/33/30/00-90035-027-$61.25-$61.25

DOCUMENT # N99000003744

1. Entity Name

ORLANDO FAITH FOUNDATION INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -8 PM 3:33

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5448 HOFFNER AVENUE SUITE 301C ORLANDO FL 32812	5448 HOFFNER AVENUE SUITE 301C ORLANDO FL 32812-2505

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3598102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YAP, HOOVER 5448 HOFFNER AVENUE SUITE 301C ORLANDO FL 32812	Name Street Address (P.O. Box Number is Not Acceptable) SAME City FL Zip Code

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 HOOVER YAP PRESIDENT — APRIL 24, 2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT HOOVER YAP 3950 KIAWA DRIVE ORLANDO, FL. 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR ☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ESTHER YAP 909 N. WYMORE RD. WINTER PK. FL 32789 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER, DIRECTOR ☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. VICE PRESIDENT CYNTHIA MACALUA 264 DUBLIN DR. LAKE MARY 32746 FL. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT, DIRECTOR ☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HELEN ROMERO 3950 KIAWA DR. ORLANDO FL. 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALINE YAP 3950 KIAWA DR. ORLANDO FL. 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARLEY YAP 909 N. WYMORE RD. WINTER PK. FL. 32789 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE ☐ Change ☐ Addition

CR2E037 (9/99)

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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ HOOVER YAP — PRESIDENT — 01/15/00 — 407-438-3371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #