


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006384</b>	
1. Entity Name <b>ORLANDO FAMILY WORSHIP CENTER, INC.</b>	

Principal Place of Business <b>1100 LEE ROAD ORLANDO, FL 32810</b>	Mailing Address <b>1100 LEE ROAD ORLANDO, FL 32810</b>
---	---



02012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3605057</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>BEIK, STEPHEN W ESQ. 1101 N LAKE DESTINY DR, SUITE 120 MAITLAND, FL 32751</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	NAME <b>BEESLEY, GARY H</b>
STREET ADDRESS <b>1100 LEE ROAD</b>	CITY-ST-ZIP <b>ORLANDO, FL 32810</b>
TITLE <b>VD</b>	NAME <b>BEESLEY, JANICE</b>
STREET ADDRESS <b>1100 LEE ROAD</b>	CITY-ST-ZIP <b>ORLANDO, FL 32810</b>
TITLE <b>SD</b>	NAME <b>BEIK, STEPHEN W</b>
STREET ADDRESS <b>1101 N. LAKE DESTINY RD., #120</b>	CITY-ST-ZIP <b>MAITLAND, FL 32751</b>
TITLE <b>D</b>	NAME <b>PACHECO, RICHARD</b>
STREET ADDRESS <b>6031 BAY VALLEY COURT</b>	CITY-ST-ZIP <b>ORLANDO, FL 32819</b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

00000318740  
04/20/05-80071-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** JANICE L. BEESLEY *Janice L. Beesley* 4-16-05 407-253-9392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #