

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765177

**Entity Name:** FAITH TEMPLE OF CHRIST CHURCH OF ORLANDO, INC.

**Current Principal Place of Business:**

5914 GROVELINE DR  
ORLANDO, FL 32810

**Current Mailing Address:**

6838 REMBRANDT DR.  
ORLANDO, FL 32818 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILLIAMS, MACEY J  
5914 GROVELINE DR  
ORLANDO, FL 32810 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name WILLIAMS, MACEY JREV  
Address 5914 GROVELINE DR  
City-State-Zip: ORLANDO FL 32810

Title SD  
Name WATTS, KIMBERLY E  
Address 6838 REMBRANDT DR  
City-State-Zip: ORLANDO FL 32818

Title TD  
Name WILLIAMS, KEISHA  
Address 5914 GROVELINE DR.  
City-State-Zip: ORLANDO FL 32810

Title COP  
Name WILLIAMS, GERALDINE  
Address 5914 GROVELINE DR.  
City-State-Zip: ORLANDO FL 32810

*I hereby 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 all other like empowered.*

**SIGNATURE: MACEY J WILLIAMS**

**PASTOR**

**05/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date