

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005785

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC5446390133**

**Entity Name:** GREATER TRINITY BAPTIST FELLOWSHIP CHURCH OF ORLANDO, INC.

**Current Principal Place of Business:**

5036 DR. PHILLIPS BLVD  
246  
ORLANDO, FL 32819

**Current Mailing Address:**

5036 DR. PHILLIPS BLVD  
246  
ORLANDO, FL 32819 US

**FEI Number: 27-0358403**

**Certificate of Status Desired: Yes**

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

GOOD MILLER-BRYANT, BRENDA  
5036 DR. PHILLIPS BLVD  
246  
ORLANDO, FL 32819 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 P  
Name WHITE, ALVIN JR. DR.  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

Title D  
Name STAFFORD, GRADY  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

Title D  
Name WARE, LENNON  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

Title D  
Name MILLER, FRANK  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

Title D  
Name ONLY, THOMAS  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

Title D  
Name WATKINS, BETTY  
Address 5036 DR. PHILLIPS BLVD  
246  
City-State-Zip: ORLANDO FL 32819

*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: DR. ALVIN WHITE, JR.**

**PRESIDENT**

**01/24/2015**

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

\_\_\_\_\_  
Date