

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716765

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE ORLANDO - UNION RESCUE MISSION

Current Principal Place of Business:

1521 W WASHINGTON ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2791
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-1035082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOODY, DONALD E EXDIR
1521 W. WASHINGTON ST.
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: INGS, CHARLES MR
Address: 505 VERN DRIVE
City-St-Zip: ORLANDO, FL 32805 US

Title: P () Delete
Name: PHILLIPS, JAMES D MR
Address: 141 TERRA MANGO LOOP STE B
City-St-Zip: ORLANDO, FL 32855 US

Title: 1VP () Delete
Name: SHUFFIELD, CHARLES MR
Address: 1000 LEGION PL STE 1700
City-St-Zip: ORLANDO, FL 32801 US

Title: 2VP () Delete
Name: EIDSON, ANN MRS
Address: 2029 COUNTRY SIDE CIR
City-St-Zip: ORLANDO, FL 32804

Title: TD () Delete
Name: TODD, BILL MR
Address: 913 COOL SPRINGS CIR
City-St-Zip: OCOEE, FL 34761 US

Title: S () Delete
Name: SMITH, MICHAEL W MR
Address: 306 E. PRINCETON ST
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: OLSON, MARY S MRS.
Address: 415 PEACHTREE RD.
City-St-Zip: ORLANDO, FL 32804 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DONALD E. MOODY

EXDR

04/28/2009

Electronic Signature of Signing Officer or Director

Date