


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001232

1. Entity Name
UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC.



Principal Place of Business
**808 4TH STREET
 ORLANDO, FL 32859**

Mailing Address
**PO BOX 539299
 ORLANDO, FL 32859-3299**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3732654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PAGAN, EVA
 7523 SANDLAKE POINT LOOP #101
 ORLANDO, FL 32809**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PAGAN, EVA 7523 SANDLAKE POINT LOOP #101 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BARRIOS, ERNESTO 2672 TALL MAPLE LOOP OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MONTALVO, LUCY 2672 TALL MAPLE LOOP OCOE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAGAN, AIDA 7589 SANDLAKE POINT LOOP 103 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/06/06-80056-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eva Pagan-Eva Pagan 4-21-06

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