

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001232

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7215 MONETARY DRIVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

7215 MONETARY DRIVE  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3732654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAGAN, EVA  
7215 MONETARY DRIVE  
ORLANDO, FL 32809 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: DP ( ) Delete  
Name: PAGAN, EVA  
Address: 7523 SANDLAKE POINT LOOP #101  
City-St-Zip: ORLANDO, FL 32809

Title: DV ( ) Delete  
Name: BARRIOS, ERNESTO  
Address: 2672 TALL MAPLE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: DVT ( ) Delete  
Name: MONTALVO, LUCY  
Address: 2672 TALL MAPLE LOOP  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: PAGAN, AIDA  
Address: 7589 SANDLAKE POINT LOOP 103  
City-St-Zip: ORLANDO, FL 32809

Title: DT ( ) Delete  
Name: LEONIDES, TRINIDAD  
Address: 7900 SOUTH ORANGE BLOSSOM TR.  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: EVA PAGAN

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date