

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001742

FILED
May 13, 2009
Secretary of State

Entity Name: ONE ACCORD OUTREACH INTERNATIONAL CHURCH, INC.

Current Principal Place of Business:

2005 CRICKET DR.
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

2005 CRICKET DR.
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3760101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRICHLLOW, ROBERTO
2005 CRICKET DR.
ORLANDO, FL 32808 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: PD () Delete
Name: CRICHLLOW, ROBERTO
Address: 2005 CRICKET DR.
City-St-Zip: ORLANDO, FL 32808

Title: VPD () Delete
Name: CRICHLLOW, OKIMA
Address: 2005 CRICKET DR.
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: HAMPTON, JOYCE
Address: 2005 CRICKET DR.
City-St-Zip: ORLANDO, FL 32808

Title: SD () Delete
Name: MALONE, ENILDA
Address: 14507 RIVIERA POINTE
City-St-Zip: ORLANDO, FL 32828

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:

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: ROBERTO CRICHLLOW

PD

05/13/2009

Electronic Signature of Signing Officer or Director

Date