FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90119 031 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001742

10074620

1. Entity Name
ONE ACCORD OUTREACH CHURCH,INC.

Principal Place of Business	Mailing Address
2005 CRICKET DR. ORLANDO, FL 32808	2005 CRICKET DR. ORLANDO, FL 32808

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8617 E Colonial Drive	P.O. Box 683496
Suite, Apt. #, etc. 1300 > 1400	Suite, Apt. #, etc.
City & State Orlando, Fl	City & State Orlando, Fl
Zip 32817	Country Orange
Zip 32868	Country orange

4. FEI Number 59-3760101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRICHLOW, ROBERTO 2005 CRICKET DR. ORLANDO, FL 32808	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW. FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRICHLOW, ROBERTO 2005 CRICKET DR. ORLANDO, FL 32808 Trustee ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRICHLOW, OKIMA 2005 CRICKET DR. ORLANDO, FL 32808 Trustee ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMPTON, JOYCE 2005 CRICKET DR. ORLANDO, FL 32808 Trustee ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, SABRINA 1981 SOUTH COUNTRY RD. ALTAMONTE SPRINGS, FL 32701 Trustee ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Roberto E Crichlow 4-14-03 407-325-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #