

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000355

FILED
Apr 15, 2009
Secretary of State

Entity Name: VISION FOR THE NATIONS CHRISTIAN CHURCH INC.

Current Principal Place of Business:

3500 N GOLDENROD RD
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

803 MCLEAN CT
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 56-2634590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATIB, ADEL
803 MCCLEAN CT
ORLANDO, FL 32825 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: P () Delete
Name: KATIB, ADEL
Address: 803 MCLEAN CT
City-St-Zip: ORLANDO, FL 32825

Title: V () Delete
Name: MAFUZ, ROBERTO
Address: 803 MCLEAN CT
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: PORTELL, EVANGELINE
Address: 5933 LEE VISTA BLVD #202
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: MATOS, NANCY
Address: 709 BREVARD CT
City-St-Zip: ORLANDO, FL

Title: T () Delete
Name: MEDINA, CARLOS T
Address: 400 CHAPEL TRADE DR #104
City-St-Zip: ORLANDO, FL

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: ADEL KATIB

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date