2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N07000010573

Entity Name: ORLANDO MARTHOMA CONGREGATION, FLORIDA INC.

Current Principal Place of Business:

C/O 880 MT PLEASANT DRIVE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

C/O 880 MT PLEASANT DRIVE
OCOEE, FL 34761

New Mailing Address:

FEI Number: 26-0826123 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHEW, THOMAS
602 CLAYTON ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ABRAHAM, POTHEN
3729 BECONTREE PLACE
OVIEDO, FL 32765 US

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: POTHEN ABRAHAM 02/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAHAM, JOSE
Address: SW 82ND WAY
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete
Name: SAMUEL, OOMEN
Address: 880 MT PLEASANT DRIVE
City-St-Zip: OCOEE, FL 34761

Title: S ( ) Delete
Name: MATHEW, THOMAS
Address: 602 CLAYTON STREET
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete
Name: VARGHESE, PHILIP T
Address: 13203 CHATTANOOGA LANE
City-St-Zip: ORLANDO, FL 32837

Title: TRUS ( ) Delete
Name: CHACKO, BABY ACCTNT
Address: 13542,LAKESWAY
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: JOHNSON, T
Address: 13048, TERRACE SPRINGS DR
City-St-Zip: TAMPA, FL 33637

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change ( ) Addition
Name: ABRAHAM, POTHEN
Address: 3729 BECONTREE PLACE
City-St-Zip: OVIEDO, FL 32765

Title: TRUS (X) Change ( ) Addition
Name: CHACKO, BABY
Address: 13542 LAKESWAY
City-St-Zip: ORLANDO, FL 32828

Title: ACCT (X) Change ( ) Addition
Name: VARGHESE, PHILIP T
Address: 13203 CHATTANOOGA LANE
City-St-Zip: ORLANDO, FL 32837 US

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: POTHEN ABRAHAM SECR 02/10/2009
Electronic Signature of Signing Officer or Director Date