2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N00000007509

Entity Name: ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.

Current Principal Place of Business:

6101 SAND LAKE RD.
ORLANDO, FL 32819

New Principal Place of Business:

4075-D L. B. MCLEOD RD.
ORLANDO, FL 32811

Current Mailing Address:

3532 MERIVALE DR
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3685953 **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:

TREVISANI, LIVIA
3532 MERIVALE DR
CASSELBERRY, FL 32707 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:	P2T	( ) Delete
Name:	TREVISANI, LIVIA	
Address:	3532 MERIVALE DR.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	V1T	( ) Delete
Name:	OLIVEIRA, FRAN	
Address:	7547 COMMERCE CENTER DR.	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	MARASCA, GUSTAVO	
Address:	449 S. KIRKMAN RD APT 204	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D2S	( ) Delete
Name:	TEIXEIRA, ADRIANA	
Address:	612 TRUMPET PL	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	D1S	( ) Delete
Name:	FARIA, SILVIA	
Address:	5346 BAY LAGOON CIR	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	ANDRADE, CLAUDIA	
Address:	195 STERLING SPRINGS LN	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

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:	
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: LIVIA TREVISANI P2T 05/01/2007

Electronic Signature of Signing Officer or Director — Date