

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703648

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: ORLANDO CHRISTIAN CHURCH, INC.

## Current Principal Place of Business:

2124 NORTH DEAN ROAD  
ORLANDO, FL 32817

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 678019  
ORLANDO, FL 32867

## New Mailing Address:

FEI Number: 59-3181948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SAUERS, LOREN  
820 EAST ORANGE STREET  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

SAUERS, LOREN E PASTOR  
820 EAST ORANGE STREET  
APOPKA, FL 32703 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: PASTOR LOREN E SAUERS

04/09/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAUERS, LOREN E REV.  
Address: 820 E. ORANGE STREET  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: HAMMOND, ERIC REV.  
Address: 129 WEST OAK STREET  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: ELDRIDGE, EDWARD REV.  
Address: 4823 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete  
Name: BISHOP, KEN  
Address: 1923 WESTFALL DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: ST (X) Delete  
Name: SAUERS, LISA  
Address: 820 EAST ORANGE STREET  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ELDRIDGE, EDWARD REV.  
Address: 4823 LONSDALE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: ST (X) Change ( ) Addition  
Name: SAUERS, LISA K MRS  
Address: 820 EAST ORANGE ST  
City-St-Zip: APOPKA, FL 32703

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: LOREN E SAUERS

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date