

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706035

FILED
Mar 28, 2007
Secretary of State

Entity Name: POWERS DRIVE BAPTIST CHURCH OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business:

3311 POWERS DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

3311 POWERS DRIVE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-1005829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ERICKSON, EINARD
2816 CASTLE OAK AVE
ORLANDO, FL 32808 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: TD () Delete
Name: EINARD, ERICKSON
Address: 2816 CASTLE OAK AVE
City-St-Zip: ORLANDO, FL 32808

Title: TD () Delete
Name: LANGLEY, ROBERT C
Address: 7053 WILLOWWOOD STREET
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: PITTS, JOHN
Address: 8320 NORTHGATE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: TD () Delete
Name: KING, HOWARD
Address: 425 PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: SHARP, ROBERT
Address: 6611 MOORE STREET
City-St-Zip: ORLANDO, FL 32818

Title: DC (X) Delete
Name: ADKINS, GENE
Address: 2930 PONKAN PINES DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: JONES, HARRY
Address: 8314 LAKE LUCY DRIVE
City-St-Zip: ORLANDO, FL 32818

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 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: EINARD ERICKSON

TD

03/28/2007

Electronic Signature of Signing Officer or Director

Date