

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706291

FILED
Apr 25, 2008
Secretary of State

Entity Name: ALOMA CHURCH PROPERTIES, INC.

Current Principal Place of Business:

1815 STATE RD 436
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1815 STATE RD 436
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-0855392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DR STE 200
ORLANDO, FL 32804 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: PD () Delete
Name: CRAWFORD, OWEN
Address: 1830 LINDEN RD
City-St-Zip: WINTER PARK, FL

Title: TD () Delete
Name: COLE, JAMES
Address: 8241 MARBELLA VIEW CT
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: LAFOY, BRYANT
Address: 312 SHADOW OAK DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: STURGILL, HARLEY
Address: 454 E. BAY AVE
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAWFORD, OWEN
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: TD (X) Change () Addition
Name: COLE, JAMES
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change () Addition
Name: LAFOY, BRYANT
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D (X) Change () Addition
Name: STURGILL, HARLEY
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D () Change (X) Addition
Name: PENNINGTON, WES
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

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: OWEN CRAWFORD

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date