2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 713279

Entity Name: OCOEE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

BLUFORD & MAGNOLIA BOX 128
P.O. BOX 128
OCOEE, FL 34761

New Principal Place of Business:

15 SOUTH BLUFORD AVENUE
OCOEE, FL 34761

Current Mailing Address:

BLUFORD & MAGNOLIA BOX 128
P.O. BOX 128
OCOEE, FL 34761

New Mailing Address:

P. O. BOX 128
OCOEE, FL 34761

FEI Number: 59-0838985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATTAGLIA, MARK
9224 NEW ORLEANS DR.
ORLANDO, FL 32818 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:	E	( ) Delete
Name:	MARTIN, CRAIG L	
Address:	2527 RIDGEWIND WAY	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	D	( ) Delete
Name:	LYLE, ROBERT	
Address:	510 WEST AVE	
City-St-Zip:	OCOEE, FL	
Title:	D	( ) Delete
Name:	PARKER, WAYNE	
Address:	36 JUNELLAN	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	T	( ) Delete
Name:	GRABER, RAY	
Address:	365 GROVE CT.	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	D	( ) Delete
Name:	BATTAGLIA, MARK,	
Address:	9224 NEW ORLEANS DR	
City-St-Zip:	ORLANDO, FL 32818	
Title:	E	( ) Delete
Name:	VANDERGRIFT, MARGARET	
Address:	1405 SPRING LAKE TERR	
City-St-Zip:	OCOEE, FL 34761	

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:	O	(X) Change ( ) Addition
Name:	BATTAGLIA, MARK,	
Address:	9224 NEW ORLEANS DR	
City-St-Zip:	ORLANDO, FL 32818	
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: RAY GRABER T 01/12/2009

Electronic Signature of Signing Officer or Director — Date