2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716252

FILED Apr 27, 2009 Secretary of State

Entity Name: THE HOLDEN HEIGHTS BAPTIST CHRUCH OF ORLANDO, INC

Current Principal Place of Business: New Principal Place of Business:

109 N HUDSON ST ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

PO BOX 568372

ORLANDO, FL 32856 US

US

FEI Number: 59-6081309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLEICONES, JOHNIE M
3200 ALAMO DRIVE
ORLANDO, FL 32805
US
JOLLEY, GARY R
1545 E SPRING RIDGE CR
WINTER GARDEN
ORLANDO, FL 34787 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: GARY R. JOLLEY 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: ST (X) Change () Addition Name: PLEICONES, CHERYL ST (X) Change () Addition PLEICONES, CHERYL

 Name:
 FLEICONES, CHERTE
 Name:
 FLEICONES, CHERTE

 Address:
 3200 ALAMO DR
 Address:
 3200 ALAMO DR

 City-St-Zip:
 ORLANDO, FL
 City-St-Zip:
 ORLANDO, FL
 32806

Title: DM () Delete Title: DM (X) Change () Addition Name: PLEICONES, JOHNIE M Name: WILLIAMS, ROBERT L

 Address:
 3200 ALAMO DRIVE
 Address:
 6238 SANSON DR

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 APOPKA, FL 32712

Title: D () Delete Title: D (X) Change () Addition Name: WILLIAMS, ROBERT Name: APONE, JEFFERY

Address: 1545 E SPRINGS RIDGE CIR Address: 1046 29TH ST

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: ORLANDO, FL 32805

Title: PCD () Delete Title: () Change () Addition

JOLLEY, GARY

1545 E SPRING RIDGE CIR

WINTER GARDEN, FL 34787

Mame:
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: CHERYL PLEICONES ST 04/27/2009