2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # 737288							, •	Jan 23, 20 Secreta	007 08:	
THE LITT	TLE COUN	TRY CHURCH O	F ORLA	NDO, INC.			Secreta	ary or s	State	
Principal Place of Business Maili				ailing Address			1			
				221 LEODA STREET RLANDO FL 32835-1329						
2. Principal Place of Business - No P.O. Box # 3. Ma				ailing Address						J iii
Suite, Apt. #, elc.			s	Suito, Apt. #, otc.			1st MOORE CR2E037 (10/06)			
City & State			C	City & State			4. FEI Number	9-1685810		oplied For
Zıp	Zip Country		Z	Zìp		ntry	5. Certificate of Status Desired Status Pesired \$8.75 Additional Fee Required			
6. Name and Address of Current Register							7. Name and Address of New Registered Agent			
Namo										
SIMMONS, KATIE B. 6221 LEODA STREET ORLANDO FL 32811						Street Address (P.O. Box Number is Not Acceptable)				
CALAINDO I E 32811				City			F	Zip Cod	e	
8. The above	e named entity	submits this statement	for the pur	oose of changing its	rogistere	d office or register	od agent, or both, in t			and accept
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title it applicable (NOTF: Registered Agent signature required when reinstating) DATE.										
EU E NOW, EEE IC 604 OF										
FILE NOW: FEE IS \$61.25 Due By Maỳ 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable partment of \$	
10,	1	OFFICERS AND [DIRECTORS	L	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	l 10
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NAME SIMMONS, KATIE SIBET ADDRESS 6221 LEODA ST.					NAME STREE	LADURESS	U00000599847 01/25/07-80044-003 70.00			
CHY-SI-ZIP	t.				CITY-S	ST-7IP	01, 23, 01, 000 1, 000 , 0, 00			
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STREET ADDRESS CITY-ST-ZIP					CHY-S	FADDRESS S1-7IP				
IIII				☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAMI			: NAME						1	
STREET ADDRESS CITY-SE-ZIP	SIRLET ADDRUSS CITY-ST-ZIP				STRIE.	I ADDRESS ST-7IP				j
12 baroby	certify that the	information supplied v	vith this filin	a doos not qualify f	or the eve	motions containo	d in Section 119 Flor	ida Statutes I further	cortify that the in	nformation
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered										
SIGNATURE: Katel B. Simmans 1-19-07										
SIGNATURE: / ale B. DIMM on /- /7-8/]