

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737288

FILED
Jan 11, 2008
Secretary of State

Entity Name: THE LITTLE COUNTRY CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

6221 LEODA STREET
ORLANDO, FL 328351329

New Principal Place of Business:

3000 CLARCONA ROAD #2117
APOPKA, FL 32703

Current Mailing Address:

6221 LEODA STREET
ORLANDO, FL 328351329

New Mailing Address:

3000 CLARCONA ROAD #2117
APOPKA, FL 32703

FEI Number: 59-1685810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, KATIE B.
6221 LEODA STREET
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

SIMMONS, KATIE B.
3000 CLARCONA ROAD
APOPKA, FL 32703 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:

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMMONS, KATIE,
Address: 6221 LEODA ST.
City-St-Zip: ORLANDO FL,

Title: VD () Delete
Name: SIMMONS, LEWIS,
Address: 6221 LEODA ST.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: SIMMONS, RUSSELL,
Address: 6221 LEODA ST.
City-St-Zip: ORLANDO, FL

Title: ST () Delete
Name: BOLLETTE, BRENDA,
Address: 2724 ENVIRONS BLVD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIMMONS, KATIE,
Address: 3000 CLARCONA ROAD #2117
City-St-Zip: APOPKA, FL 32703

Title: VD (X) Change () Addition
Name: SIMMONS, LEWIS,
Address: 3000 CLARCONA ROAD #2117
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: SIMMONS, RUSSELL,
Address: 3000 CLARCONA ROAD #2117
City-St-Zip: APOPKA, FL 32703

Title: ST (X) Change () Addition
Name: BOLLETTE, BRENDA,
Address: 3000 CLARCONA RD #2117
City-St-Zip: APOPKA, FL 32703

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: KATIE B. SIMMONS

PD

01/11/2008

Electronic Signature of Signing Officer or Director

Date