ORLANDO CHURCH OF CHRIST, INC.

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT #745219

FILED Mar 28, 2006 8:00 am Secretary of State

03-28-2006 90126 019 ****70.00

PRIORIDENTIAL DESCRIPTION OF DELIGIONS 274 N GOLDENTORD RD 275 N G				WI TELL	'				
2. Principal Place of Business 3. Mulling Address Suits, Apt. #, etc. Suits, Apt. #, etc. Suits, Apt. #, etc. City & State Cry & State 4. FEIN windows Zip Country Zip Country 5. Certificate of Suits Desired S. Name and Address of Currant Registered Agent 7. Name and Address of Name Registered Agent Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code Street Address (P.C. Box Number is Not Acceptable) Filling Foe is \$61.25 Superior Street Agent Street Address (P.C. Box Number is Not Acceptable) Filling Foe is \$61.25 Superior Street Superior Stre	214 N GOLDENROD RD 21		214 N GOLDENROD RD	214 N GOLDENROD RD		20021808			
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Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006 CF	ng-NP CR2E	E037 (11/05)		
S. Certificate of Satus Depired Programmed Agent A	City & State		City & State			5	<u> </u>	`	
CRITES, KATHY 214 N GOLDENROD RD #11 ORLANDO, FL 32807 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Tilling Foe is \$61.25 Due by May 1, 2006	Zip Country		Zip	lip Country		atus Desired			
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RITHER ADDITIONS, SAMUEL STEPHENSON, SAMUEL STEPHEN	CRITES, K	(ATHY		Name					
B. 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. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Synature hone or inquistered agent and title 4 applicable.	214 N GOLDENROD RD #11			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
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SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (MOTE Registered Agent signature required when reinstating) DATE			r the purpose of changing its	registered office or regis	stered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other (keep empowered).

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR