

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 011 ****61.25

DOCUMENT # N00000000161

1. Entity Name
THE BRIDE OF CHRIST, INC.



Principal Place of Business
**10502 CLARICONA-OCOE ROAD
APOPKA, FL 32712**

Mailing Address
**5565 CINDERLAND PKWY., APT. 190
ORLANDO, FL 32808**

40109090



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3643838

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOREY, CHARLES
5565 CINDERLAND-PKWY., APT. 190
ORLANDO, FL 32808**

Name **STOREY, CAROL**
Street Address (P.O. Box Number is Not Acceptable) **5565 Cinderlane Pky Apt 190**
City **ORLANDO, FL.** FL Zip Code **32808**

8. 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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **STOREY, CHARLES**
CITY-ST-ZIP **5565 CINDERLAND PKWY. APT. 190
ORLANDO, FL 32808**

TITLE ☐ Change ☐ Addition
NAME **STOREY, Carol**
STREET ADDRESS **5565 Cinderlane Pky**
CITY-ST-ZIP **Orlando FL 32808
APT 190**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **STOREY, CAROL**
CITY-ST-ZIP **5565 CINDERLAND PKWY. APT. 190
ORLANDO, FL 32808**

TITLE ☐ Change ☐ Addition
NAME **Jan STEFFEY**
STREET ADDRESS **405 CABALLERO Rd**
CITY-ST-ZIP **OCOC FL 34761**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **EDWARDS, JACK**
CITY-ST-ZIP **1437 LAKECREST DR
APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FLETCHER, JOE**
CITY-ST-ZIP **108 SOUTH APOLLO DR
APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FLETCHER, VICKI**
CITY-ST-ZIP **108 SOUTH APOLLO DR
APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MILKE, ART**
CITY-ST-ZIP **5628 SHASTA
ORLANDO, FL 32810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 like empowered.

SIGNATURE: *Carol A. Storey* **Carol A. Storey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-08
Date

401-291-4211
Daytime Phone #