


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000000161	
1. Entity Name THE BRIDE OF CHRIST, INC.	

FILED

09 FEB 19 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 10502 CLARICONA-OCOEE ROAD APOPKA FL 32712		Mailing Address 5565 CINDERLAND PKWY., APT. 190 ORLANDO FL 32808 5464 Windshire Lane Orlando FL 32810	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/08)

6. Name and Address of Current Registered Agent STOREY, CHARLES <i>Passed away 1-31-08</i> 5565 CINDERLAND PKWY., APT. 190 ORLANDO FL 32808		7. Name and Address of New Registered Agent Name <i>Carol Ann Storey</i> Street Address (P.O. Box Number is Not Acceptable) <i>5464 Windshire Lane</i> City <i>Orlando</i> FL Zip Code <i>32810</i>	
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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 *Carol Ann Storey* DATE *2-14-09*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOREY, CHARLES 5565 CINDERLAND PKWY. APT. 190 ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Storey Carol</i> <i>5464 Windshire Lane</i> <i>Orlando FL 32810</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOREY, CAROL 5565 CINDERLAND PKWY. APT. 190 ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Juan Steffey</i> <i>405 CABALLERO Rd.</i> <i>OCOEE, FL 34761</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, JACK 1437 LAKECREST DR APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700144011061</i> <i>02/19/09--01036--001 **\$61.25</i> <i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLETCHER, JOE 108 SOUTH APOLLO DR APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLETCHER, VICKI 108 SOUTH APOLLO DR APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILKE, ART 5628 SHASTA ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Thomas G. Nobile</i> <i>5464 Windshire Lane</i> <i>Orlando FL 32810</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: *2-14-09*