

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007509

FILED
May 01, 2007
Secretary of State

Entity Name: ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.

Current Principal Place of Business:

6101 SAND LAKE RD.
ORLANDO, FL 32819

New Principal Place of Business:

4075-D L. B. MCLEOD RD.
ORLANDO, FL 32811

Current Mailing Address:

3532 MERIVALE DR
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3685953 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TREVISANI, LIVIA
3532 MERIVALE DR
CASSELBERRY, FL 32707 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P2T () Delete
Name: TREVISANI, LIVIA
Address: 3532 MERIVALE DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: V1T () Delete
Name: OLIVEIRA, FRAN
Address: 7547 COMMERCE CENTER DR.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MARASCA, GUSTAVO
Address: 449 S. KIRKMAN RD APT 204
City-St-Zip: ORLANDO, FL 32811

Title: D2S () Delete
Name: TEIXEIRA, ADRIANA
Address: 612 TRUMPET PL
City-St-Zip: CELEBRATION, FL 34747

Title: D1S () Delete
Name: FARIA, SILVIA
Address: 5346 BAY LAGOON CIR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: ANDRADE, CLAUDIA
Address: 195 STERLING SPRINGS LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIVIA TREVISANI

P2T

05/01/2007

Electronic Signature of Signing Officer or Director

Date