2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N01000001232

Entity Name: UNITED IN THE FAITH CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business:

808 4TH STREET
ORLANDO, FL 32859

New Principal Place of Business:

7215 MONETARY DRIVE
ORLANDO, FL 32809

Current Mailing Address:

PO BOX 539299
ORLANDO, FL 328593299

New Mailing Address:

FEI Number: 59-3732654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAGAN, EVA
7523 SANDLAKE POINT LOOP #101
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:	DP	( ) Delete
Name:	PAGAN, EVA	
Address:	7523 SANDLAKE POINT LOOP #101	
City-St-Zip:	ORLANDO, FL 32809	
Title:	DV	( ) Delete
Name:	BARRIOS, ERNESTO	
Address:	2672 TALL MAPLE LOOP	
City-St-Zip:	OCOEE, FL 34761	
Title:	DVT	( ) Delete
Name:	MONTALVO, LUCY	
Address:	2672 TALL MAPLE LOOP	
City-St-Zip:	OCOEE, FL 34761	
Title:	D	( ) Delete
Name:	PAGAN, AIDA	
Address:	7589 SANDLAKE POINT LOOP 103	
City-St-Zip:	ORLANDO, FL 32809	
Title:	DT	( ) Delete
Name:	LEONIDES, TRINIDAD	
Address:	7900 SOUTH ORANGE BLOSSOM TR.	
City-St-Zip:	ORLANDO, FL 32809	

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:	

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: EVA PAGAN DP 04/22/2008

Electronic Signature of Signing Officer or Director — Date