2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# N03000004662

Entity Name: CHRIST APOSTOLIC CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

7008 FOREST CITY RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

7008 FOREST CITY RD
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 81-0662055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC
2471 E SEMORAN BLVD
APOPKA, FL 32703 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:	SEC	( ) Delete
Name:	ADEBANJO, LAWRENCE	
Address:	7008 FOREST CITY RD	
City-St-Zip:	ORLANDO, FL 32810 US	
Title:	TREA	( ) Delete
Name:	SAMUEL, ILESANMI	
Address:	501 WILTON CIRCLE,	
City-St-Zip:	SANFORD, FL 32773 US	
Title:	PRES	( ) Delete
Name:	DADA, GABRIEL PASTOR	
Address:	8301 N 40TH ST	
City-St-Zip:	TAMPA, FL 33604 US	
Title:	D	( ) Delete
Name:	JOSEPH, AJIBOLA	
Address:	4403 EVERGREEN FOREST LOOP	
City-St-Zip:	KISSIMMEE, FL 34758 US	
Title:	D	( ) Delete
Name:	AKINOLA, BENJAMIN	
Address:	558 CLODCREST DR,	
City-St-Zip:	DELTONA, FL 32738 US	
Title:	D	( ) Delete
Name:	MADEDOR, THERESA EVANGEL	
Address:	8301 CHRISTOBAL CIRCLE	
City-St-Zip:	ORLANDO, FL 32825 US	

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:	D	(X) Change ( ) Addition
Name:	JOHNSON, ONI PASTOR	
Address:	7008 FOREST CITY ROAD	
City-St-Zip:	ORLANDO, FL 32810 US	
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: GABRIEL S DADA PAST 04/01/2008

Electronic Signature of Signing Officer or Director — Date