

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005989

FILED
Jul 04, 2007
Secretary of State

Entity Name: FLORIDA CHRISTIAN SOCIAL SERVICES CORP.

Current Principal Place of Business:

ONE PURLIEU PL
270
WINTER PARK, FL 32792

New Principal Place of Business:

P. O. BOX 721235
ORLANDO, FL 32872

Current Mailing Address:

PO BOX 721235
ORLANDO, FL 32872

New Mailing Address:

FEI Number: 54-2123322 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:

LOPEZ, LUIS A REV.
ONE PURLIEU PL
SUITE 270
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

LOPEZ, LUIS A REV.
6964 NEEDLE POINTE DR
ORLANDO, FL 32822 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: LUIS LOPEZ

07/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, LUIS REV
Address: 6857 LONG NEEDLE CT.
City-St-Zip: ORLANDO, FL 32822

Title: V () Delete
Name: MOYA, JOSE T REV
Address: 1600 N. CHIKASAW TRAIL
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: RIOS, ANGEL L REV
Address: 2555 NEWBOLT DR.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: DAL SANTO, ELSA
Address: 2311 BONEVILLE DR
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: VALENTIN, ESNЕСТO TRUSTEE
Address: 1702 COLTON DR.
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, LUIS REV
Address: 6964 NEEDLE POINTE DR.
City-St-Zip: ORLANDO, FL 32822

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: LUIS LOPEZ

P

07/04/2007

Electronic Signature of Signing Officer or Director

Date