## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03022

FILED Mar 31, 2009 Secretary of State

Entity Name: UNION PARK CHRISTIAN CHURCH, INC.

LINE WAITE. UNION PARK CHRISTIAN CHORCH, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
2119 N. DE. ORLANDO,					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2119 N. DE ORLANDO,					
FEI Number:	59-3378075	FEI Number Applied For ( ) FE	I Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
COOK, REI 2419 ANTLI ORLANDO,	A DRIVE	US			
The above in the State		submits this statement for the purpo	se of changing its registere	d office or registered agent, or both,	
SIGNATUR					
		ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () NELSON, JOHN 240 KRAFT DR CASSELBERRY	IVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () COLE, MICHAE 10708 HARKWO ORLANDO, FL	OOD BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () CULLEN, CRAIG 10638 CROCUS ORLANDO, FL	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () COOK, RENEE 2419 ANTLIA D ORLANDO, FL	RIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () CLAPPER, CLII 18930 BELVED ORLANDO, FL	ERE RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: RENEE M COOK T 03/31/2009