2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000369

FILED May 18, 2005 Secretary of State

Entity Name: EVANGELICAL CHRISTIAN CHURCH OF ORLANDO, INC.

Current E		
Julienti	rincipal Place of Business:	New Principal Place of Business:
	IOLD PALMER DR. #4308 D, FL 32811	5950 LAKEHURST DR STE 210 ORLANDO, FL 32819 US
Current N	lailing Address:	New Mailing Address:
	IOLD PALMER DR. #4308 D, FL 32811	5950 LAKEHURST DR STE 210 ORLANDO, FL 32819 US
n accordar	nce with s. 607.193(2)(b), F.S., the corporation did not recei	-
vame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
5566 ARN ORLAND	, SILAS F IOLD PALMER DR. #4308 D, FL 32811 US	
	e named entity submits this statement for the purpos e of Florida.	se of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Data
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
itle: lame: \ddress:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS: PD () Delete PEREIRA, SILAS F 5566 ARNOLD PALMER DR. #4308	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
DFFICER Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Name: Nddress: Dity-St-Zip:	S AND DIRECTORS: PD () Delete PEREIRA, SILAS F 5566 ARNOLD PALMER DR. #4308 ORLANDO, FL 32811 VD () Delete PEREIRA, PATRICIA B 5566 ARNOLD PALMER DR. #4308	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Nadress: City-St-Zip: Fitle: Name: Nadress: City-St-Zip: Fitle: Name: Name: Name: Name:	S AND DIRECTORS: PD () Delete PEREIRA, SILAS F 5566 ARNOLD PALMER DR. #4308 ORLANDO, FL 32811 VD () Delete PEREIRA, PATRICIA B 5566 ARNOLD PALMER DR. #4308 ORLANDO, FL 32811 TD () Delete VILARIM, HENIO LEMOS 761 CREEK WATER TERARCE #201	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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILAS F PEREIRA PD 05/18/2005