

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90183 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                     |                                                                                             |                                                                                                                   |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>DOCUMENT # N04000005748</b><br>1. Entity Name<br><b>ALPHA CHRISTIAN COUNSELING SERVICES OF CENTRAL FLORIDA CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                     |                                                                                             |                                  |                                                                     |
| Principal Place of Business<br><b>5205 S ORANGE AVE #203</b><br><b>#203</b><br><b>ORLANDO, FL 32829</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                     | Mailing Address<br><b>5205 S ORANGE AVE #203</b><br><b>#203</b><br><b>ORLANDO, FL 32829</b> |                                                                                                                   |                                                                     |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                   |                                                                                                                   |                                                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                     | City & State                                                                                |                                                                                                                   |                                                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Country                                                                             |                                                                                             | Zip                                                                                                               |                                                                     |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Country                                                                             |                                                                                             | 4. FEI Number<br><b>20-1249830</b>                                                                                |                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                     |                                                                                             | Applied For<br>Not Applicable                                                                                     |                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>POLANCO, DANILO A</b><br><b>4888 ADAIR OAK DR</b><br><b>ORLANDO, FL 32829</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                                                     |                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                     |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                     |                                                                                             | \$8.75 Additional Fee Required                                                                                    |                                                                     |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                     |                                                                                             |                                                                                                                   |                                                                     |
| Filing Fee is \$61.25<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                             | \$5.00 May Be Added to Fees                                                                                       |                                                                     |
| Make check payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                     |                                                                                             |                                                                                                                   |                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                       |                                                                                                                   |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>POLANCO, DANILO A<br>4888 ADAIR OAK DR<br>ORLANDO, FL 32829  | <input type="checkbox"/> Delete                                                     |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>ARMELIN, PATRICIA<br>4808 BRIGHTON TERR<br>ORLANDO, FL 32811 | <input checked="" type="checkbox"/> Delete                                          |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | V D<br>LAURA ROJAS<br>5327 LAS PALMAS VISTA DR<br>ORLANDO, FL 32837 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>POLANCO, IZILDA<br>4888 ADAIR OAK DR<br>ORLANDO, FL 32829    | <input type="checkbox"/> Delete                                                     |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>BUENO, IRIS<br>4433 N NOWELL STREET<br>ORLANDO, FL 32835     | <input type="checkbox"/> Delete                                                     |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                                                     |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Delete                                                     |                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                    |                                                                                     |                                                                                             |                                                                                                                   |                                                                     |
| SIGNATURE: _____ Date: 04/13/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                     |                                                                                             |                                                                                                                   |                                                                     |