

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006604

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** THE FIRST INSTITUTIONAL FAMILY CHURCH, INC.

**Current Principal Place of Business:**

125 E. PLANT ST.  
AFRICAN AMERICAN MINISTRY  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

255 A JACKSON AVE.  
MOUNT DORA,, FL 32757

**Current Mailing Address:**

3925 BRANCH AVE  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-1379847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURLEY, MARY B  
3925 BRANCH AVENUE  
MOUNT DORA, FL 32757 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: PRES  
Name: BURLEY, R E  
Address: 3925 BRANCH AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

Title: DIR.  
Name: BURLEY, R. E  
Address: 3925 BRANCH AVE.  
City-St-Zip: MOUNT DORA,, FL 32757

Title: TREA  
Name: PEAK, RALEAN L  
Address: 4413 OAKTON ST.  
City-St-Zip: ORLANDO, FL 32818

Title: SEC.  
Name: RANSOM, AARIEL M  
Address: 4413 OAKTON ST.  
City-St-Zip: ORLANDO, FL 32818

Title: R.ED  
Name: BURLEY, MARY B  
Address: 3925 BRANCH AVENUE  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: MARY B. BURLEY

R.ED

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date