


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 022 ****61.25

DOCUMENT # N04000010148 1. Entity Name HEART OF ORLANDO WORSHIP CENTER INC.					
Principal Place of Business P.O. BOX 951616 LAKE MARY, FL 32795			Mailing Address P.O. BOX 951616 LAKE MARY, FL 32795		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 56-2473389	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIDINGS, HOWARD J 600 RINEHART ROAD LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDINGS, HOWARD J P.O. BOX 951616 LAKE MARY, FL 32795	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIDINGS, ROSELLA A P.O. BOX 951616 LAKE MARY, FL 32795	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO CARROLL, DICKSIE 414 MYRTLE AVE SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten signature and scribbles]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten signature and scribbles]				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten signature and scribbles]				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
56-2473389

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DIRECTOR ☒ Change ☒ Addition
DR JAMES F. FERRILL
649 PENINSULAR DRIVE
LAKEBLAND, FLA. 33813

Handwritten: 1/13/06 407/333-0600
 SAT # 1113.