

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

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



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2473389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDINGS, HOWARD J
600 RINEHART ROAD
LAKE MARY, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

H. J. Ridings
President

1/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000784956
01/16/08-80077-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIDINGS, HOWARD J
STREET ADDRESS	P.O. BOX 951616
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	ST
NAME	RIDINGS, ROSELLA A
STREET ADDRESS	P.O. BOX 951616
CITY-ST-ZIP	LAKE MARY, FL 32795
TITLE	D
NAME	FERRELL, JAMES F
STREET ADDRESS	649 PENINSULAR DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/08 407/7123757