


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90089 012 ****61.25

DOCUMENT # N04000010813					
1. Entity Name CHURCH ON THE EDGE, INC.					
Principal Place of Business 119 CELEBRATION BLVD. CELEBRATION, FL 34747			Mailing Address 119 CELEBRATION BLVD. CELEBRATION, FL 34747		
2. Principal Place of Business - No P.O. Box # <i>3232 N. John Young Parkway</i>		3. Mailing Address <i>PO Box 470754</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Hissimmee, FL</i>		City & State <i>Celebration, FL</i>		4. FEI Number 43-2065045	
Zip <i>34741</i>		Country <i>Oseoda</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>34747</i>		Country <i>Oseoda</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINETTE, CHERYL 119 CELEBRATION BLVD. CELEBRATION, FL 34747			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY - ST - ZIP	D PINETTE, RICK 119 CELEBRATION BLVD. CELEBRATION, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PO Box 470754 Celebration, FL 34747</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINETTE, CHERYL 119 CELEBRATION BLVD. CELEBRATION, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P O Box 470754 Celebration, FL 34747</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELSTEAD, FORREST 119 CELEBRATION BLVD. CELEBRATION, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PO Box 470754 Celebration, FL 34747</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROGERS, CHARLES 415 ARBOR COURT CELEBRATION, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <i>Cheryl Pinette</i>			Date: <i>4-10-07</i>		Daytime Phone #: <i>407.397.7771</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					