2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010813

Title:

Name:

Address:

City-St-Zip:

Entity Name: CHURCH ON THE EDGE, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3232 N JOHN YOUNG PKWY 1603 MICKLER AVE KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** PO BOX 470754 PO BOX 770456 CELEBRATION, FL 34747 ORLANDO, FL 32877 FEI Number: 43-2065045 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PINETTE, CHERYL PINETTE, CHERYL 119 CELÉBRATION BLVD. 770456 CELEBRATION, FL 34747 US ORLANDO, FL 32877 US 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: 04/14/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PINETTE, RICK PINETTE, RICK Name: Name: PO BOX 470754 Address: PO BOX 770456 Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32877 Title: SD () Delete Title: SD (X) Change () Addition PINETTE, CHERYL Name: PINETTE, CHERYL Name: Address: PO BOX 470754 Address: PO BOX 770456 City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32877 Title: () Delete Title: (X) Change () Addition FELSTEAD, FORREST FELSTEAD, FORREST Name: Name: Address: PO BOX 470754 Address: PO BOX 770456 City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32877 Title: () Delete Title: () Change () Addition ROGERS, CHARLES Name: Name: Address: 415 ARBOR COURT Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHERYL PINETTE SD 04/14/2008

() Delete

() Change (X) Addition

PARRELLA, MICHAEL

ORLANDO, FL 32877

P O BOX 770456