## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001657

FILED Mar 30, 2009 Secretary of State

Entity Name: THE PECULIAR FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809 FEI Number: 59-3797694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. FELIX O. ROMIMORA 1840 SW 22ND ST. 6760 THOMAS JEFFERSON WAY 4TH FLOOR ORLANDO, FL 32809 MIAMI, FL 33145 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: FELIX O. ROMIMORA 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROMIMORA, FELIX O Name: Name: 6760 THOMAS JEFFERSON WAY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition ONYENWEAKU, OBIOMA O Name: Name: Address: 6760 THOMAS JEFFERSON WAY Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition SHABIYI, ADEOLA O Name: Name: 6760 THOMAS JEFFERSON WAY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: UCHEGBU, MAURICE Name: 6760 THOMAS JEFFERSON WAY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ROMIMORA, RHODA F Name: Name: 6760 THOMAS JEFFERSON WAY Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: () Change () Addition ONYENWEAKU, EMAH O Name: Name: Address: 6760 THOMAS JEFFERSON WAY Address: ORLANDO, FL 32809 City-St-Zip: 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.

SIGNATURE: FELIX O. ROMIMORA PD 03/30/2009