

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001657

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** THE PECULIAR FAMILY WORSHIP CENTER, INC.

**Current Principal Place of Business:**

6243 OLD WINTER GARDEN  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

6760 THOMAS JEFFERSON WAY  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3797694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROMIMORA, FELIX O PASTOR  
6760 THOMAS JEFFERSON WAY  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROMIMORA, FELIX O PASTOR  
Address: 6760 THOMAS JEFFERSON WAY  
City-St-Zip: ORLANDO, FL 32809

Title: TD  
Name: ROMIMORA, FOLASADE R PASTOR  
Address: 6760 THOMAS JEFFERSON WAY  
City-St-Zip: ORLANDO, FL 32809

Title: SD  
Name: SHABIYI, ADEOLA O  
Address: 362 CIDER MILL PLACE,  
City-St-Zip: LAKE MARY, FL 32746

Title: D  
Name: ADEBANJO, RICHARDSON O DR  
Address: 3805 WINDING LK CIR  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: ONI, JOHN A PASTOR  
Address: 3995 FENROSE CIR  
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: FELIX ROMIMORA

PD

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date