2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N05000007908

Entity Name: WORSHIP CENTER INTERNATIONAL, ORLANDO INC.

Current Principal Place of Business:

3215WATERBRIDGE CT
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

3215 WATERBRIDGE CT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 20-3475503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REDMON, CURTIS
3215 WATTERBRIDGE CT.
KISSIMMEE, FL 34744 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: P ( ) Delete
Name: PALMER, JAMES
Address: 3215 WATERBRIDGE CT
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete
Name: REDMON, CURTIS
Address: P.O.141
City-St-Zip: COPIAGUE, NY 11726

Title: T ( ) Delete
Name: PALMER, DIANE
Address: 3215 WATERBRIDGE CT
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: THOMPSON, TYRINA
Address: PO BOX141
City-St-Zip: COPIAGUE, NY 11726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JAMES PALMER P 05/01/2009

Electronic Signature of Signing Officer or Director — Date