


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N05000010705</b> 1. Entity Name ORLANDO CHRISTIAN SINGLES, INC.					
Principal Place of Business 4526 PARK EDEN CIR ORLANDO, FL 32810				Mailing Address 4526 PARK EDEN CIR ORLANDO, FL 32810	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3521606	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUENAS, RAY 4526 PARK EDEN CIR ORLANDO, FL 32810				Name <b>Roberts, Karl</b> Street Address (P.O. Box Number is Not Acceptable) <b>4526 Park Eden Circle</b> City <b>Orlando</b> FL <b>32810</b>	
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 <u>Karl Roberts</u> <b>Karl Roberts</b> <u>September 10, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUENAS, RAY</b> <b>4526 PARK EDEN CIR</b> <b>ORLANDO, FL 32810</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Roberts, Karl</b> <b>4526 Park Eden Circle</b> <b>Orlando, FL 32810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT, KARL</b> <b>4044 WEST LAKE MARY BLVD. #104336</b> <b>LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kiss, Matthew</b> <b>5028 Delvin Court</b> <b>Orlando, FL 32821</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RINCK, MARVIN</b> <b>1851 MOSHER DRIVE</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700136102857</b> <b>09/18/08--01043--003</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7/4/06</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700136102857</b> <b>09/18/08--01043--003</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700136102857</b> <b>09/18/08--01043--003</b>	
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: <u>Karl Roberts</u> <b>Karl Roberts</b> <u>September 10, 2008</u> <b>407462-7777</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-3521606

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUENAS, RAY  
4526 PARK EDEN CIR  
ORLANDO, FL 32810

Name **Roberts, Karl**  
Street Address (P.O. Box Number is Not Acceptable)  
**4526 Park Eden Circle**  
City **Orlando** FL **32810**

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 Karl Roberts **Karl Roberts** September 10, 2008  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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  
**P**  
**DUENAS, RAY**  
**4526 PARK EDEN CIR**  
**ORLANDO, FL 32810**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**Roberts, Karl**  
**4526 Park Eden Circle**  
**Orlando, FL 32810**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
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**LAKE MARY, FL 32746**

☒ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Kiss, Matthew**  
**5028 Delvin Court**  
**Orlando, FL 32821**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**RINCK, MARVIN**  
**1851 MOSHER DRIVE**  
**ORLANDO, FL 32810**

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: Karl Roberts **Karl Roberts** September 10, 2008 **407462-7777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR