

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011973

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ORLANDO BIBLE FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business:**

14944 INDIGO LAKE DR.  
ORLANDO, FL 32824

**New Principal Place of Business:**

6422 BETH RD  
ORLANDO, FL 32824

**Current Mailing Address:**

14944 INDIGO LAKE DR.  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 20-3858886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAM, MAHEDRA  
14944 INDIGO LAKE DR.  
ORLANDO, FL 32824 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 ( ) Delete  
Name: WILLIAM, MAHEDRA  
Address: 14944 INDIGO LAKE DR.  
City-St-Zip: ORLANDO, FL 32824

Title: SD ( ) Delete  
Name: WILLIAM, KARINE  
Address: 14944 INDIGO LAKE DR.  
City-St-Zip: ORLANDO, FL 32824

Title: CD (X) Delete  
Name: DALLOO, RONALD  
Address: 608 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: TD (X) Delete  
Name: SHIVRATTAN, SURUJDAI  
Address: 2021 BRIDGEVIEW CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: ML ( ) Delete  
Name: SOOKDEO, RAMBHA  
Address: 2008 WINDCREST LAKE CR  
City-St-Zip: ORLANDO, FL 32824

**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:

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: MAHEDRA WILLIAM

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date