## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012708

FILED Apr 14, 2009 Secretary of State

Entity Name: ORLANDO CHILDREN'S CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 115 FOREST CIRCLE ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** P. O. BOX 724 WINTER PARK, FL 32790 FEI Number: 20-3971387 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: O'DRISCOLL, PETER A 115 FOREST CIRCLE ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition O'DRISCOLL, PETER A Name: Name: 115 FOREST CIRCLE Address: Address: ORLANDO, FL 32803 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition O'DRISCOLL, ISABEL Name: Name: Address: 115 FOREST CIRCLE Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: Title: () Delete Title: () Change () Addition GULLEY, JAMES Name: Name: 4512 OLD CARRIAGE TRAIL Address: Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: Title: D/S ( ) Delete Title: () Change () Addition Name: BURROWS, CYNTHIA Name: Address: 1376 WESTDALE AVENUE Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition WOODY, DON Name: Name: 1998 E. FOURTH STREET Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GULLEY. MARTHA GULLEY. MARTHA Name: Name: Address: 4512 OLD CARRIAGE TRAIL Address: 4512 OLD CARRIAGE TRAIL OVIEDO, FL 32765 OVIEDO, FL 32765 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: CYNTHIA M. BURROWS D/S 04/14/2009