

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007874

FILED  
Apr 02, 2008  
Secretary of State

**Entity Name:** GREATER ORLANDO WORSHIP AND ARTS CENTER, INC.

**Current Principal Place of Business:**

5243 LIDO STREET  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

5243 LIDO STREET  
ORLANDO, FL 32807

**New Mailing Address:**

**FEI Number:** 20-5207308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULLIVENT, VIRGINIA  
5243 LIDO STREET  
ORLANDO, FL 32807 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: DP ( ) Delete  
Name: SULLIVENT, VIRGINIA  
Address: 5243 LIDO STREET  
City-St-Zip: ORLANDO, FL 32807

Title: DV ( ) Delete  
Name: WHITLEY, DAN  
Address: 615 E LIVINGSTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: DS ( ) Delete  
Name: WHITLEY, ELIZABETH  
Address: 615 E LIVINGSTON ST  
City-St-Zip: ORLANDO, FL 32803

Title: DT (X) Delete  
Name: ROWE, CHARLES  
Address: PO BOX 783967  
City-St-Zip: WINTER GARDEN, FL 34778

**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: VIRGINIA SULLIVENT

DP

04/02/2008

Electronic Signature of Signing Officer or Director

Date