2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000007874

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:

5614 LA MOYA AVE.
JACKSONVILLE, FL 32210

Current Mailing Address:

5243 LIDO STREET
ORLANDO, FL 32807

New Mailing Address:

PO BOX 351167
JACKSONVILLE, FL 32235

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:

KILLINGSWORTH, VIRGINIA
5614 LA MOYA AVE.
JACKSONVILLE, FL 32210 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: VIRGINIA SULLIVENT KILLINGSWORTH 03/20/2009
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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KILLINGSWORTH, VIRGINIA
Address: 5614 LA MOYA AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: D ( ) Change (X) Addition
Name: KILLINGSWORTH, SEAN
Address: 5614 LA MOYA AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Change (X) Addition
Name: GIVENS, JENNIFER
Address: 76155 BILLS TRAIL
City-St-Zip: YULEE, FL 32097

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 KILLINGSWORTH DP 03/20/2009
Electronic Signature of Signing Officer or Director Date