

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 08, 2008 8:00 am
Secretary of State

07-08-2008 90001 018 ****70.00

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05302008 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000011648	
1. Entity Name HOUSE OF WORSHIP ORLANDO, INC.	

Principal Place of Business 2284 GATOR DRIVE #369 ORLANDO, FL 32807	Mailing Address 2284 GATOR DRIVE #369 ORLANDO, FL 32807
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2. Principal Place of Business - No P.O. Box # 2042 Forsyth RD Suite, Apt. #, etc. Suite D City & State Orlando, FL Zip 32807	Country	3. Mailing Address PO Box 570344 Suite, Apt. #, etc. City & State Orlando, FL Zip 32857	Country 0344
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6. Name and Address of Current Registered Agent STAIR, SYDNEY E 2284 GATOR DRIVE #369 ORLANDO, FL 32807	
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7. Name and Address of New Registered Agent Name Ramos, Delmy M. Street Address (P.O. Box Number is Not Acceptable) 14071 Golden Rain Tree BLVD. City Orlando FL Zip Code 32828	
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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 <i>7/1/2008 Delmy M. Ramos</i>	DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIR, SYDNEY E 2284 GATOR DRIVE #369 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOMA, LIZ M 2284 GATOR DRIVE #369 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, AIDA M 2284 GATOR DRIVE #369 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAIR, YDSIA 2284 GATOR DRIVE #369 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, SILVINA 1500 CARR. #19 #K-204 GUAYNABO, PUERTO RICO 00966, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stair, Sydney E. #4 Calle Principal Lomas del Sol Guaynabo, PR 00969 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alomar, Liz M. #39 Calle Carazo Guaynabo, PR 00970 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, Aida M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stair, Ydsia #4 Calle Principal Lomas del Sol Guaynabo, PR 00969 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Delmy M. 14071 Golden Rain Tree BLVD. Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	7/1/2008 787-287-1788