

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012349

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: ORLANDO WORLD OUTREACH CENTER, INC.

**Current Principal Place of Business:**

1600 WHISPERING HILLS DRIVE  
FRANKLIN, TN 37069

**New Principal Place of Business:**

**Current Mailing Address:**

1600 WHISPERING HILLS DRIVE  
FRANKLIN, TN 37069

**New Mailing Address:**

P.O. BOX  
1829  
ORLANDO, FL 32802-182

FEI Number: 20-5973681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: JOHNSON, TIMOTHY  
Address: 1600 WHISPERING HILLS DRIVE  
City-St-Zip: FRANKLIN, TN 37069

Title: D ( ) Delete  
Name: JOHNSON, CYNETHIA  
Address: 1600 WHISPERING HILLS DRIVE  
City-St-Zip: FRANKLIN, TN 37069

Title: D ( ) Delete  
Name: FULLER, BRETT  
Address: 43479 SAVOY WOODS COURT  
City-St-Zip: CHANTILLY, VA 20152

Title: D ( ) Delete  
Name: EDMONSON, BRAD  
Address: 605 WILDFLOWER COURT  
City-St-Zip: FRANKLIN, TN 37064

Title: D ( ) Delete  
Name: LAFFOON, JIM  
Address: 249 GILLETTE DRIVE  
City-St-Zip: FRANKLIN, TN 37069

**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: MITCHELL S. MARTIN

TREA

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date