

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2009
Secretary of State**

DOCUMENT# N06000012349

Entity Name: ORLANDO WORLD OUTREACH CENTER, INC.

Current Principal Place of Business:

6418 CARTMEL LANE
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1829
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 20-5973681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, TIMOTHY
6418 CARTMEL LANE
WINDERMERE, FL 34786 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: 6418 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: JOHNSON, CYNETHIA
Address: 6418 CARTMEL LANE
City-St-Zip: WINDERMERE, FL 34786

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

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

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:

Title: D () Change (X) Addition
Name: FLINT, MARK
Address: 5527 IRON GATE DRIVE
City-St-Zip: FRANKLIN, TN 37069

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 MARTIN

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02/21/2009

Electronic Signature of Signing Officer or Director

_____ Date