

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90334 007 ****61.25

DOCUMENT # N07000004886 1. Entity Name ORLANDO CHRISTIAN FOUNDATION, INC.			
Principal Place of Business 600 EAST COLONIAL DRIVE SUITE 100 ORLANDO, FL 32803		Mailing Address 600 EAST COLONIAL DRIVE SUITE 100 ORLANDO, FL 32803	
2. Principal Place of Business - No P.O. Box # 200 E. Robinson Street		3. Mailing Address 200 E. Robinson Street	
Suite, Apt. #, etc. Suite 750		Suite, Apt. #, etc. Suite 750	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801		Zip 32801	
Country USA		Country USA	
4. FEI Number 26-0181206		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired... <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRIMSHER, STEVE 600 EAST COLONIAL DRIVE SUITE 100 ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Garland Gould Street Address (P.O. Box Number is Not Acceptable) 200 E. Robinson Street Suite 750 City Orlando FL Zip Code 32801	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%;"> Garland Gould, President 4/24/08 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHRIMSHER, STEVE 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Garland Gould 200 E. Robinson Street, Suite 750 Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOYD, SCOTT 2600 MIDSUMMER DRIVE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARPER, TODD 5101 LOUVRE AVE ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DELOACH, CASEY 1417 S EOLA DRIVE ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CROSSMAN, SCOTT 3333 SOUTH ORANGE AVENUE, SUITE 202 ORLANDO, FL 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		Garland Gould 4/24/08 407-447-9509 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	