

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008720

FILED
Feb 05, 2009
Secretary of State

Entity Name: FAITH COMMUNITY OUTREACH OF ORLANDO, INC.

Current Principal Place of Business:

2008 N. GOLDENROD ROAD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

2008 N GOLDENROD RD
ORLANDO, FL 32807

New Mailing Address:

2008 N. GOLDENROD ROAD
ORLANDO, FL 32807

FEI Number: 26-2299490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAITH ASSEMBLY OF GOD OF ORLANDO, INC.
2008 N. GOLDENROD ROAD
ORLANDO, FL 32807 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: P () Delete
Name: STEPHENS, CARL
Address: 3423 PAISLEY CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: ST () Delete
Name: SUDDETH, CAROLE L
Address: 530 PENNY ROYAL PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CLARKE, PETER
Address: 3261 NIGHT BREEZE LANE
City-St-Zip: LAKE MARY, FL 32746

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: RHODES, BEN W SR
Address: 7520 CLEARVIEW DR.
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change () Addition
Name: DALTON, MARK A
Address: 9235 EVERWOOD ST
City-St-Zip: ORLANDO, FL 32825

Title: D () Change (X) Addition
Name: EDWARDS, THOMAS W
Address: 1512 SOUTHWIND CT.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Change (X) Addition
Name: BERGERON, GRANT
Address: 5329 N WOODCREST DR
City-St-Zip: WINTER PARK, FL 32792

Title: D () Change (X) Addition
Name: MACKEY, TIMOTHY J
Address: 3111 PAWLEYS LOOP N
City-St-Zip: SAINT CLOUD, FL 34769

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: BEN RHODES

ST

02/05/2009

Electronic Signature of Signing Officer or Director

Date