2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# N08000000792

Entity Name: GREAT COMMISSION FELLOWSHIP CENTER, INC.

Current Principal Place of Business:

4840 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

4840 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 26-1771337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOOMEY, JOSEPH
4840 SOUTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34758 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: TOOMEY, JOSEPH
Address: 4840 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34758

Title: V ( ) Delete
Name: ASTACIO-TOOMEY, DAISY
Address: 4840 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34758

Title: T ( ) Delete
Name: IBARRA, JUAN C
Address: 819 DORI CT
City-St-Zip: ST. CLOUD, FL 34772

Title: S ( ) Delete
Name: ANADOLORO, ANNA
Address: 819 DORI CT
City-St-Zip: KISSIMMEE, FL 34758

Title: D ( ) Delete
Name: SWARTOUT, HARLEY
Address: 4840 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/S (X) Change ( ) Addition
Name: ESCOBAR, GRISEL
Address: 3164 SANTA CRUZ DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition
Name: SWARTOUT, HARLEY
Address: 4840 SOUTH ORANGE BLOSSOM TR
City-St-Zip: KISSIMMEE, FL 34758

Title: U (X) Change ( ) Addition
Name: MARITZA, PACHECO
Address: 616 DEL AIRE CT
City-St-Zip: KISSIMMEE, FL 34758

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: JOSEPH TOOMEY P 07/01/2009

Electronic Signature of Signing Officer or Director — Date