

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010005

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** THE FAITH CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:**

3832 W. NEW HAMPSHIRE ST  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 550906  
ORLANDO, FL 32855

**New Mailing Address:**

3832 W. NEW HAMPSHIRE ST  
ORLANDO, FL 32808

**FEI Number:** 26-4711823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FREEMAN, ALEXIS L  
1583 E. SILVER STAR RD.  
# 124  
OCOOE, FL 34761 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: FREEMAN, ALEXIS L  
Address: 1583 E. SILVER STAR RD. #124  
City-St-Zip: OCOOE, FL 34761

Title: VP ( ) Delete  
Name: FREEMAN, WOODY E  
Address: 1405 ROCKLAKE DR.  
City-St-Zip: ORLANDO, FL 32805

Title: VP ( ) Delete  
Name: FREEMAN, ELLA M  
Address: 1405 ROCKLAKE DR  
City-St-Zip: ORLANDO, FL 32805

Title: T ( ) Delete  
Name: BRIDGES, GEORGE JR.  
Address: 4430 MIDDLEBURG CT.  
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete  
Name: THOMAS, ETTA  
Address: 2214 WILLIE MAYS PARKWAY  
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete  
Name: SHAW, MARTHA J  
Address: 2000 W. LIVINGSTON ST.  
City-St-Zip: ORLANDO, FL 32805

**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: ( ) 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: ALEXIS FREEMAN

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date