## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000008652

FILED Apr 30, 2010 Secretary of State

Entity Name: THE EXPERIENCE CHRISTIAN CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

2381 LAUREL BLOSSOM CIRCLE 1224 26TH ST.

OCOEE, FL 34761 ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

PO BOX 940549 MAITLAND, FL 32794

FEI Number: 27-0865579 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DANIELS, MARLIN R 421 CAMPUS DRIVE ORLANDO, FL 32810

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: PT

Name: MCRAE, DERRICK L

Address: 2381 LAUREL BLOSSOM CIRCLE

US

City-St-Zip: OCOEE, FL 34761

Title: DV

Name: MCRAE, TAJA C

Address: 2381 LAUREL BLOSSOM CIRCLE

City-St-Zip: OCOEE, FL 34761

Title: ACOB

 Name:
 GIBSON, ANTONIO D

 Address:
 1221 CHERRYBARK RD

 City-St-Zip:
 APOPKA, FL 32703

Title: COB

Name: DANIELS, MARLIN

Address: 421 CAMPUSVIEW DRIVE City-St-Zip: ORLANDO, FL 32810

Title: M

Name: PENDER, KHAYREE Address: 4527 CAMBIUM CT City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: MARLIN R DANIELS COB 04/30/2010