

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008652

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** THE EXPERIENCE CHRISTIAN CENTER INC.

**Current Principal Place of Business:**

1224 26TH ST.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 940549  
MAITLAND, FL 32794

**New Mailing Address:**

**FEI Number:** 27-0865579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIELS, MARLIN R  
421 CAMPUS DRIVE  
ORLANDO, FL 32810 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:** PT  
**Name:** MCRAE, DERRICK L  
**Address:** 2381 LAUREL BLOSSOM CIRCLE  
**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:** MT  
**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

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date