2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N09000008652

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 (X)**

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 04/30/2012

Electronic Signature of Signing Officer or Director Date