## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09191

FILED Feb 07, 2006 Secretary of State

Entity Name: METRO LIFE CHURCH OF GREATER ORLANDO, INC.

**Current Principal Place of Business: New Principal Place of Business:** 910 S. WINTER PARK DR CASSELBERRY, FL 32707 **Current Mailing Address: New Mailing Address:** 910 S. WINTER PARK DR CASSELBERRY, FL 32707 FEI Number: 59-2521307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, DANIEL D. 910 S. WINTER PARK DR. CASSELBERRY, FL 32707 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JONES, DANIEL D., Name: Name: 4145 TALL TREE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: TWINING, TODD Name: Address: 972 ENGLISH TOWN LANE #100 Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition CHEW, CLAUDE C., III, Name: Name: 430 COLUMBUS CIRCLE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: BROOKS, WAYNE E Name: PHILLIPS, BENNY 127 VARSITY CIRCLE 739 ROSALIE WAY Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDE C. CHEW TD 02/07/2006