

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16161

FILED
Jan 08, 2007
Secretary of State

Entity Name: FRESH START MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4436 EDGEWATER DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4436 EDGEWATER DR
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-2737376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORDOVANO, JOSEPH P
2794 BLUE SPRINGS COVE
OVIEDO, FL 32766 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: CORDOVANO, JOSEPH P.,
Address: 2794 BLUE SPRINGS COVE
City-St-Zip: OVIEDO, FL 32766

Title: T () Delete
Name: CORDOVANO, KELLY L.,
Address: 2794 BLUE SPRINGS COVE
City-St-Zip: OVIEDO, FL 32766

Title: S () Delete
Name: TERRI, PETERSON
Address: 2613 ARDON AVE.
City-St-Zip: ORLANDO, FL 32833

Title: C () Delete
Name: DUNN, RICHARD M
Address: 550 MANOR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BLACK, CLIFF
Address: 902 EMMITT STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: GARNER, SUE
Address: 7600 KINGS POINT PARKWAY, STE 101
City-St-Zip: ORLANDO, FL 32819

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: D (X) Change () Addition
Name: ST. JAMES, WILLIAM
Address: P.O. BOX 3785-6300
City-St-Zip: CRESTED BUTTE, CO 81224

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: KELLY L CORDOVANO

T

01/08/2007

Electronic Signature of Signing Officer or Director

Date