


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 026 *****70.00

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|---|---|
| DOCUMENT # N19534 |  |
| 1. Entity Name GENESIS CHRISTIAN CENTER OF ORLANDO, FLORIDA, INC. | |

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| Principal Place of Business 5501 BOGGY CREEK RD. ORLANDO FL 32824 US | Mailing Address P.O. BOX 771388 ORLANDO FL 32877-1388 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 2506 BROOKSTONE DR. Suite, Apt. #, etc. |
| City & State | City & State KISSIMMEE, FL |
| Zip | Country USA |



MOORE CR2E037 (11/03)

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| 6. Name and Address of Current Registered Agent BERBERENA, OSVALDO 829 ALASKA WOODS LANE ORLANDO FL 32824 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BERBERENA, OSVALDO P.O. BOX 771388 ORLANDO FL 32877-1388 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BERBERENA, RAQUEL T. 829 ALASKA WOODS LANE ORLANDO FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BERROCAL, AIDA 3100 BURLINGTON DR. ORLANDO FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DA RIVERA, DEBBIE 99 WILDWOOD CT KISSIMMEE FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REV. OSVALDO BERBERENA** **2/4/04** **(407) 859-2846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #