


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90102 011 ****70.00

DOCUMENT # N37622

1. Entity Name
CHRISTIAN ENTERPRISES OF ORLANDO, INC.



Principal Place of Business
914 BEAR LAKE ROAD
APOPKA, FL 32703 US

Mailing Address
P.O. BOX 160460
ALTAMONTE SPRINGS, FL 32716 US

40003370



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0877828

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREEN, JAMES C
3346 COLEUS CT
WINTER PARK, FL 32792

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERGUSON, BLAKE			NAME	BERT OVERHOLT		
STREET ADDRESS	645 NEWBURYPORT AVE			STREET ADDRESS	2239 W. ADRIAN ST.		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			CITY-ST-ZIP	NEWBURY PARK, CA 91320		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMBEE, PAUL			NAME			
STREET ADDRESS	7825 GEORGE ANN STREET			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, JANINE			NAME			
STREET ADDRESS	914 BEAR LAKE ROAD			STREET ADDRESS			
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARBER, BARRY			NAME	KEN WETZEL		
STREET ADDRESS	616 VALENCIA PL CIRCLE			STREET ADDRESS	P.O. Box 4753		
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	BILOXI, MS 39535		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, JIM			NAME			
STREET ADDRESS	3346 COLEUS CT			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James C. Green* **1/14/08** **334-559-4565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #