

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42840

FILED
Apr 25, 2008
Secretary of State

Entity Name: ORLANDO WORSHIP CENTER MINISTRIES, INC.

Current Principal Place of Business:

4700 GOODARD AVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

4700 GOODARD AVE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-2123869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN JOHNSTON
5250 SOUTH U.S. HWY 17-92
CASSELBERRY, FL 32707 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: PD () Delete
Name: WILLIAMS, PAUL L SR.
Address: 326 FEATHER PLACE
City-St-Zip: LONGWOOD, FL

Title: VD () Delete
Name: WILLIAMS, PAUL L JR
Address: 1007 HANGING VINE POINT
City-St-Zip: LONGWOOD, FL 32750

Title: STD () Delete
Name: SMITH, AUDRA W
Address: 109 N LAKE CORTEZ
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: WILLIAMS, EVELYN C
Address: 326 FEATHER PLACE
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: SMITH, KENNETH P
Address: 109 N LAKE CORTEZ
City-St-Zip: APOPKA, FL

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:

I hereby certify that the information supplied with this filing does not qualify 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: AUDRA SMITH

SECR

04/25/2008

Electronic Signature of Signing Officer or Director

Date