2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001261

FILED Apr 30, 2009 Secretary of State

Entity Name: THE FIRST CHURCH OF GOD, ORLANDO, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 431 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807 **Current Mailing Address: New Mailing Address:** P O BOX 574345 ORLANDO, FL 32857 FEI Number: 59-1689739 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: HARRISON, HOWARD 6891 LAKE CARLISLE BLVD ORLANDO, FL 32829 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: () Delete () Change () Addition HARRISON, HOWARD Name: Name: 6891 LAKE CARLISLE BLVD Address: Address: ORLANDO, FL 32829 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: DAVIS, KELLY Name: DAVIS, KELLY Address: 688 VALLEJO COURT Address: P.O. BOX 182122 City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: CASSELBERRY, FL 32718 Title: () Delete Title: () Change () Addition CALDWELL, HOMER Name: Name: 9135 SAN AMBROSIA DR Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: CAGGIANO, BOB Name: 4303 YORKTOWNE RD Address: Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition CHIN, TONY Name: Name: 5575 S. SEMORAN BLVD Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition BARTELS, MAY Name: Name: Address: 2836 SHERIFF WAY Address: WINTER PARK, FL 32792 City-St-Zip: 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: KELLY DAVIS T 04/30/2009