

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003146

FILED
Jan 30, 2007
Secretary of State

Entity Name: FAITHWORLD CENTER OF ORLANDO, INC.

Current Principal Place of Business:

7601 FOREST CITY ROAD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 607608
ORLANDO, FL 328607608 US

New Mailing Address:

FEI Number: 59-3200762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, SUSAN J ESQ
5200 S US 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: BROWN, CLINT
Address: 1906 OAKBROOK DR.
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: BAUM, TERRY
Address: 512 SPRING CLUB DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32712

Title: STD () Delete
Name: BAUM, DEBRA
Address: 512 SPRING CLUB DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32712

Title: D () Delete
Name: SIMS, JACINTO
Address: 1923 HOLLY OAKS RAVINE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: POOLE, JEFFREY
Address: 105 MAGNOLIA CREST
City-St-Zip: KATHLEEN, GA 31047

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 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: CLINT S. BROWN

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date