2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003146

FILED Mar 30, 2009 Secretary of State

Entity Name: FAITHWORLD CENTER OF ORLANDO, INC. **Current Principal Place of Business: New Principal Place of Business:** 7601 FOREST CITY ROAD ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** P.O. BOX 607608 ORLANDO, FL 328607608 US FEI Number: 59-3200762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WILLIAMS, SUSAN J ESQ HIRES, ERIC V ESQ 2739 TAYLOR AVENUE 7601 FOREST CITY RD. ORLANDO, FL 32810 ORLANDO, FL 32806 US 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: ERIC V. HIRES 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BROWN, CLINT S Name: Name: 1906 OAKBROOK DR. Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BROWN, RANDY Name: BROWN, RANDY Address: 1092 WALNUT WOODS PL Address: 378 RACCOON STREET City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: DS () Delete Title: () Change () Addition HAYES, DOUGLAS Name: Name: 4754 ATWOOD DR. Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition POOLE, JEFFREY Name: Name: Address: 202 RIVER OAK CT Address: City-St-Zip: KATHLEEN, GA 31047 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: CLINT S. BROWN PD 03/30/2009