2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N94000001365

Entity Name: FULL GOSPEL OF ORLANDO, INC.

Current Principal Place of Business:

4869 COLLEGE DR
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4869 COLLEGE DR
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3163283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIPLIN, GARY A
3007 SEABROOK
ORLANDO, FL 32805 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: P ( ) Delete
Name: VERLY, LOUINOR
Address: 14550 MANDOLIN DR.
City-St-Zip: ORLANDO, FL 32837 OR

Title: S ( ) Delete
Name: VERLY, ELSIE
Address: 14550 MANDOLIN DR.
City-St-Zip: ORLANDO, FL 32837 OR

Title: T ( ) Delete
Name: VERLY, ROSEMITA
Address: 14550 MANDOLIN DR
City-St-Zip: ORLANDO, FL 32837 OR

Title: T ( ) Delete
Name: LAGUERRE, JEAN N
Address: 2836 ROLLING BROKE DR.
City-St-Zip: ORLANDO, FL 32837 OR

Title: T ( ) Delete
Name: AUPONT, JOSEPH
Address: 3128 LAMBATH ROAD
City-St-Zip: ORLANDO, FL 32808 OR

Title: A ( ) Delete
Name: JEAN, DARLY P
Address: 11038 CRYSTAL GLENN BLVD
City-St-Zip: ORLANDO, FL 32837 OR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: SAINT-CYR, DADY
Address: 2119 HACKLEY COURT
City-St-Zip: ORLANDO, FL 32837 OR

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: LOUINOR VERLY P 03/11/2009

Electronic Signature of Signing Officer or Director — Date