

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001496

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: APOSTOLIC WORSHIP CENTER CHILD DEVELOPMENT, INC.

**Current Principal Place of Business:**

8001 SILVER STAR RD  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**New Mailing Address:**

8001 SILVER STAR RD  
ORLANDO, FL 32818 US

**Current Mailing Address:**

P.O. BOX 22028  
LAKE BUENA VISTA, FL 32830 US

FEI Number: 59-3232248

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

THOMPSON, FRANK E  
715 KEATON PKWY  
OCOEE, FL 34761 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: THOMPSON, FRANK  
Address: 715 KEATON PKWY  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: STARKS, RUTH M  
Address: 2583 RAVENALL AVE.  
City-St-Zip: ORLANDO, FL

Title: T ( ) Delete  
Name: JACKSON, ANDREA  
Address: 8001 SILVERSTAR RD  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: MCLEAN, STACY  
Address: 8001 SILVER STAR RD  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: WHEELER-THOMPSON, ELIZABETH C  
Address: 8001 SILVER STAR ROAD  
City-St-Zip: ORAND, FL 32818

Title: D ( ) Delete  
Name: WILEY-DAWSON, MARIE  
Address: 8001 SILVERSTAR ROAD  
City-St-Zip: ORLANDO, FL 32818 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: STARKS, RUTH M  
Address: 715 KEATON PWKY  
City-St-Zip: OCOEE, FL

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: FRANK E. THOMPSON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date