



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N94000003615 1. Entity Name AWAKENING, ART & CULTURE, INCORPORATED	
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Principal Place of Business 5350 E. KALEY STREET ORLANDO, FL 32812	Mailing Address 5350 E. KALEY STREET ORLANDO, FL 32812
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3257617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NEFF, MYLES
213 WHITTIER CIR
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000701444 04/20/07-80057-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BETANCOURT, NELSON 5350 E. KALEY STREET ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, VERNON 5350 E. KALEY STREET ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ARMANDO DR. 5350 E. KALEY STREET ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ALBERTO 5350 E. KALEY STREET ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, ROBERTO 5350 E. KALEY STREET ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORA, ULYSSES 5350 E. KALEY STREET ORLANDO, FL 32812

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/9/2007 273-4079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) Daytime Phone #