2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

DOCUMENT# N95000002790

Entity Name: OVIEDO PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

2405 LOCKWOOD BLVD
OVIEDO, FL 32765

New Principal Place of Business:

2405 LOCKWOOD BLVD
OVIEDO, FL 32765 US

Current Mailing Address:

2405 LOCKWOOD BLVD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3163367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAUGHERTY, GEORGE
2163 SULTAN CIRCLE
CHULUOTA, FL 32765 US

Name and Address of New Registered Agent:

ALICIA, SHAWN
736 S. LAKE CLAIRE CIRCLE
OVIEDO, FL 32765 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: SHAWN ALICIA 04/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ALICIA, SHAWN
Address: 736 S. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: DAUGHERTY, GEORGE JR
Address: 2163 SULTAN CIR.
City-St-Zip: CHULUOTA, FL 32766

Title: CD ( ) Delete
Name: COLEMAN, THERESE
Address: 1149 GROVELAND ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: VD (X) Delete
Name: BARTON, DONALD
Address: 344 SWANSEA COURT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: DAUGHERTY, GEORGE JR
Address: 2163 SULTAN CIRCLE
City-St-Zip: CHULUOTA, FL 32766

Title: V/D (X) Change ( ) Addition
Name: BARTON, DONALD
Address: 344 SWANSEA COURT
City-St-Zip: OVIEDO, FL 32765

Title: T/D (X) Change ( ) Addition
Name: ALICIA, SHAWN
Address: 736 S. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765

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: SHAWN ALICIA T/D 04/15/2007
Electronic Signature of Signing Officer or Director Date