

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006107

FILED
Jan 04, 2005
Secretary of State

Entity Name: RECONCILIATION CHRISTIAN CENTER, INC.

Current Principal Place of Business:

2819 GREENFIELD AVENUE
ORLANDO, FL 32808

New Principal Place of Business:

630 EMERALDA ROAD
107
ORLANDO, FL 32808

Current Mailing Address:

2819 GREENFIELD AVENUE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-0056878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, SWINDELL PRES.
5664 SANTA MONICA BLVD SOUTH
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

EDWARDS, FRANK REGINALD PRES.
630 EMERALDA
107
ORLANDO, FL 32808 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: FRANK REGINALD EDWARDS

01/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, SWINDELL
Address: 5664 SNATA MONICA BLVD SOUTH
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VPD () Delete
Name: EDWARDS, FRANK R
Address: 2819 GREENFIELD AVENUE
City-St-Zip: ORLANDO, FL 32808

Title: TSD () Delete
Name: RENTA, ALMA
Address: 635 CALIBRE CREST PARKWAY #104
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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 REGINALD EDWARDS

VPD

01/04/2005

Electronic Signature of Signing Officer or Director

Date