

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006107

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: RECONCILIATION CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

630 EMERALDA ROAD  
107  
ORLANDO, FL 32808

**New Principal Place of Business:**

**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, FRANK REGINALD PRES.  
630 EMERALDA  
107  
ORLANDO, FL 32808 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: 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: VPD (X) Change ( ) Addition  
Name: EDWARDS, SWINDELL  
Address: 5664 SNATA MONICA BLVD SOUTH  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD (X) Change ( ) Addition  
Name: EDWARDS, FRANK R  
Address: 2819 GREENFIELD AVENUE  
City-St-Zip: ORLANDO, FL 32808

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 R EDWARDS

PD

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date