

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000006107

**FILED**  
**Feb 16, 2011**  
**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:**

**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.  
2819 GREENFIELD AVENUE  
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:** VPD  
**Name:** EDWARDS, SWINDELL  
**Address:** 5664 SNATA MONICA BLVD SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** PD  
**Name:** EDWARDS, FRANK R  
**Address:** 2819 GREENFIELD AVENUE  
**City-St-Zip:** ORLANDO, FL 32808

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

I hereby 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 all other like empowered.

**SIGNATURE:** FRANK REGINALD EDWARDS

PD

02/16/2011

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

\_\_\_\_\_  
Date