2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000186

FILED Apr 12, 2007 Secretary of State

Entity Na	me: FAMILY V	ORSHIP CENTER OF PORT	ORANGE, INC.	•	
Current Principal Place of Business:			New Principal Place	e of Business:	
	JTH RIDGEWO ANGE, FL 321				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 2 PORT OR	290877 ANGE, FL 321	290877 US			
FEI Number	: 59-2431808	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
3429 COL PORT OR The above	THOMAS E JNTRY WALK E ANGE, FL 321 e named entity s e of Florida.	19 US	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () DUBOIS, THOM 3429 COUNTRY PORT ORANGE	' WALK BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STT () DUBOIS, PATR 3429 COUNTRY PORT ORANGE	' WALK BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	T () SPEARS, SAMU 203 DEVON ST	REET	Title: Name: Address: CitysSt-Zip:	() Change () Addition	

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: THOMAS E. DUBOIS PT 04/12/2007