2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003584

FILED Apr 13, 2004 Secretary of State

Entity Name: ORLANDO REGIONAL CHRISTIAN EDUCATIONAL SYSTEM, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	MORAN BLVD D, FL 32807			
Current M	lailing Addres	ss:	New Mailing Address	s:
	MORAN BLVD), FL 32807			
El Number	: 59-3461180	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:
ANNEY, I	DAVID A			
	MORAN BLVD D, FL 32807			
DRLANDO	MORAN BLVD), FL 32807		purpose of changing its registered	d office or registered agent, or both,
DRLANDO	MORAN BLVD), FL 32807 • named entity : e of Florida.		purpose of changing its registered	d office or registered agent, or both,
RLANDO	MORAN BLVD D, FL 32807 named entity e of Florida. RE:			d office or registered agent, or both, Date
ORLANDO The above The State SIGNATUI	MORAN BLVD D, FL 32807 named entity e of Florida. RE:	submits this statement for the particular sta	ent	
PRLANDO The above The State SIGNATUI	MORAN BLVD In named entity: of Florida. RE: Electror S AND DIREC	submits this statement for the pair of the pair of Registered Ages TORS: Delete HAEL STON CT	ent	Date
PRLANDO The above In the State SIGNATUR PFFICER: ittle: lame: ddress:	MORAN BLVD D, FL 32807 e named entity and e	submits this statement for the paic Signature of Registered Ag TORS: Delete HAEL HON CT 32828 Delete AN BLVD.	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MICHAEL SCHIRLE D 04/13/2004