2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003794

FILED Apr 18, 2007 Secretary of State

Entity Name: EMMANUEL UNITED METHODIST HAITIAN MISSION OF ORLANDO, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	NCORD ST , FL 32805				
Current Mailing Address:			New Maili	New Mailing Address:	
701 W COI ORLANDO					
FEI Number:	59-3506642	FEI Number Applied For () FE	l Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
BEECHER, 2125 E SOI ORLANDO		US			
The above in the State		submits this statement for the purpo	se of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SIUS, DANIEL 2713 GRETA (ORLANDO, FL	GREEN CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (VALMYR, ELIA 418 DECLARA ORLANDO, FL	ATION DR.	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition VALMYR, ELIANTUS V 14518 GRAND COVE DR ORLANDO, FL 32837	
Title: Name: Address: City-St-Zip:	T (REILLY, KELL 701 W CONCO ORLANDO, FL	ORD ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BEECHER, MA 2125 E SOUTH ORLANDO, FL	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ST. MARC, BE 813 FORESTE ORLANDO, FL	ER AVE	Title: Name: Address: City-St-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: KELLYN L REILLY T 04/18/2007