2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005030

Entity Name: ACTS FELLOWSHIP OF OCOEE, FLORIDA, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
710 KELLY'S COVE OCOEE, FL 34761	

Current Mailing Address:	**New Mailing Address:**
PO BOX 1201 OCOEE, FL 34761 US	

FEI Number: 59-3459227   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
JONES, WILLIAM M 710 KELLY'S COVE OCOEE, FL 34761 US	

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: T   ( ) Delete
Name: VINCENT, DON
Address: 4040 GREYSTONE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MR   ( ) Delete
Name: HARCOCK, IRVIN
Address: 2850 OLD WESTERN TRAIL
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR   (X) Change ( ) Addition
Name: VINCENT, DON
Address: 4040 GREYSTONE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MR   (X) Change ( ) Addition
Name: HANCOCK, IRVIN
Address: 2850 OLD WESTERN TRAIL
City-St-Zip: SANFORD, FL 32773

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: DON VINCENT   MR   01/11/2009

  Electronic Signature of Signing Officer or Director   Date