


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-27-2008 90010 019 ***158.75

DOCUMENT # P07000053869 1. Entity Name LITTLE RAES CHRISTIAN CENTER, INC					
Principal Place of Business 2025 W CENTRAL BLVD ORLANDO, FL 32805			Mailing Address 2025 W CENTRAL BLVD ORLANDO, FL 32805		
2. Principal Place of Business - No P.O. Box # <i>3099 Orange Center Blvd</i>		3. Mailing Address <i>3099 Orange Center</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Orlando, Florida</i>		City & State <i>Orlando, Florida</i>		4. FEI Number <i>20-8978618</i>	
Zip <i>32805</i>		Country <i>Orange</i>		Applied For Not Applicable	
Zip <i>32805</i>		Country <i>Orange</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLT, PATRICIA C 8614 KNOTTINGHAM DR KISSIMMEE, FL 34747				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Patricia C. Holt</i> <i>8-20-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLT, PATRICIA C 8614 KNOTTINGHAM DR KISSIMMEE, FL 34747		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLT, RAY L 8614 KNOTTINGHAM DR KISSIMMEE, FL 34747		<input type="checkbox"/> Delete		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia C. Holt</i> <i>8-20-08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					