# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Aug 04, 2005 8:00 am**
**Secretary of State**
08-04-2005 90001 008 ****61.25

DOCUMENT # 705543

1. Entity Name

WEST ORANGE PARK COMMUNITY CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9929 CLARCONA-OCOEE RD<br>APOPKA FL 32703<br>US | 9929 CLARCONA-OCOEE RD<br>APOPKA FL 32703<br>US |

2nd MOORE CR2E037 (5/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| West Orange Park Comm Church | 9929 Clarcona-Ocoee Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Apopka Fl. | City & State: Apopka Fl. |
| Zip: 32703 Country: Orange | Zip: 32703 Country: Orange |

4. FEI Number: 59-2878590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MASHBURN, ERIC S.<br>102 EAST MAPLE STREET<br>WINTER GARDEN FL 32787 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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: Hazel Bass Hazel Bass Sec 7-24-05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. D OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | HOWELL, CURTIS W<br>10670 2ND AVE<br>OCOEE FL 34761<br>T ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REID, WAYNE<br>1920 SHEELER RD<br>APOPKA FL 32703<br>T ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | KENNEDY, JERRY<br>1304 SAND PINE LN<br>OCOEE FL 34761<br>S ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BASS, HAZEL<br>1304 MONA CT<br>OCOEE FL 34761<br>AS ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | LLOYD, SHIRLEY<br>10058 INGRAM AVE<br>APOPKA FL 32703<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Hazel Bass Hazel Bass 7-24-05 407-656-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #