FILE NOW: FILING FEE IS \$61.25

| NONPROFIT |
|---------------|
| CORPORATION |
| ANNUAL REPORT |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State *

| | 1996 | 7 | ecretary of State N OF CORPORATIONS | | | |
|--|--|--------------------------------|--|---|--|--|
| DOC 1. Corpora | UMENT # 72605 | 0 (8 |) | | | |
| WES | ST ORANGE CHRISTIAN CHUI | RCH INC | | | | |
| 1 | | | | I INCIPA INDIA MAKA AMUR ADKAL AKKA | ESTI BIBN BIBN BIBN BIBN BIBN BIBN BIBN (BB) | |
| Principal Pl | lace of Business | Mailing Address | | | | |
| 7325 CONROY-WINDERMERE ROAD 7325 CONROY-MINDED | | | NDEONEDE DOAD | | aure anner dider aster Arbit Albit fifft lift. | |
| ORLANDO | O FL 32835-2754 | ORLANDO FL 328 | 35-2754 | | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| 2. Principal | Place of Business | 2a. Mailing Address | | 04/09/1973 | 02/20/1995 | |
| 21 | | 26 | | 4. FEI Number 59-6557253 | Applied For | |
| Suite, Ap | pt. #, etc | Suite, Apt. #, etc | | | Not Applicable \$8.75 Additional | |
| City & St | tate | City & State | | 5. Certificate of Status Desired | Fee Required | |
| 23 | | 28 | <u>.</u> | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be | |
| Zip 24 | C:ountry | Zip | Country | This corporation has liability for int | Added to Fees angible tax under s. 199 032 | |
| | 9. Name and Address of Current | 29 Registered Agent | 30 | Florida Statutes 10. Name and Address of New Reg | Yes 🗍 No | |
| | 、 | | 81 Name | | istered Agent | |
| FOX, I | FOX, DENNY. 5067 WINNYOOD WAY DELETE | | | Robert Jordan | | |
| ORLAI | WINNYCOD WAY <u>DELE</u> NDO PL 32819 | TE_ | 83 | Micress (P.O. Box Number is Not Acceptable) | | |
| "" | 2010 | | | | | |
| | | | 84 City | | FL 85 Zip Code 34787 | |
| or regist | it to the provisions of Sections 617.0502 a lered agent, or both, in the State of Florida | ind 617.1508, Florida Sta | tutes, the above-named corpor | ter Garden ation submits this statement for the purpord of directors. I hereby accept the appoint | se of changing its registered office | |
| SIGNATURE | The College of the Co | 617.0503, Florida Statu | tes. | rd of directors. I hereby accept the appoint | ment as registered agent. I am | |
| | Signature, typed or printed name of register of agent an | o title if applicable. | (NOTE: Registered Agent signature required | d when reinstation | mi 7, 1996 | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 | |
| NAME | ROBINSON, JAMES W. | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | 1.2 NAME 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | J | |
| TITLE NAME | TRT | DELETE | 2.1 TITLE | | Change Addition | |
| STREET ADDRESS | MARTIN, JOHN R 10419 INDIES COURT | | 2.2 NAME | | E sharge E Noonion | |
| CITY-ST-ZIP | ORLANDO FL | | 2.3 STREET ADDRESS | | 1 | |
| TITLE | TRC | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | |
| NAME | FOX, DENNIS | · | 3.2 NAME | - | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP | 5067 WINWOOD WAY ORLANDO FL | | 3.3 STREET ADDRESS | | | |
| TITLE | TR | DELETE | 3 4. CITY-ST-ZIP | | | |
| NAME | TURK, JOHN | Detter | 4.1 TITLE 4.2 NAME | 200001799 -04/26/9601020 | Ghange Addition | |
| STREET ADDRESS | 4132 WINDERLAKES DR | | 4.3 STREET ADDRESS | ***81.25 | J042 | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY - ST - ZIP | ****01.23 | | |
| TITLE NAME | Trustee Robert Jordan | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| STREET ADDRESS | 1187 Meadow Finc | h D. | 5.2 NAME | Α | - (1) | |
| CITY-ST-ZIP | Winter Garden, F | 11 DF. 1.34787 | 5.3 STREET ADDRESS | $f_i \mathcal{Q}$ | <-1/2 | |
| TITLE | THE MULLI | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | 7) []() | |
| NAME STOCKE ADODGOO | | | 6.2 NAME | / J· | Change Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | 6 3 STREET ADDRESS | . • | | |
| | y certify that the information supplied with | this filing is voluntarily fur | 6.4 CiTY-ST-ZIP | | | |

receitly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 574 10 109

SIGNING OFFISER OR DIRECTOR

289-2082