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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:19

DOCUMENT # 755923 (0)

1. Corporation Name  
POINCIANA CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address  
4900 PLEASANT HILL RD. 4900 PLEASANT HILL RD.  
KISSIMMEE FL 34759 KISSIMMEE FL 34759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2253302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
DENMAN, WILLIAM J  
124 ALCALA DRIVE  
KISSIMMEE FL 34758

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ECBD HANNER, HENRY 808 SAN PEDRO CT. KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENMAH, WILLIAM JR. 124 ALCALA DRIVE KISSIMMEE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESD TARANGER, NILS 2335 PINETREE COURT KISSIMMEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD FUHRMAN, PAUL 908 SAN RAFAEL WAY KISSIMMEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EATD NOLL, GEORGE D. 980 ANGUS COURT KISSIMMEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EASD PLYLAR, CHARLES 4881 ANDERSON ROAD KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ECBD Baldon, Leroy 231 Delaware Ave., St. Cloud, Fl., 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	EVCD Moorhaus, Carl 411 Long Drive Kissimmee, Fl., 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George D. Noll 1-23-95 (407) 846-2078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number