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Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 755923 (0)

1. Corporation Name  
POINCIANA CHRISTIAN CHURCH, INC.



Principal Place of Business: 4900 PLEASANT HILL RD. KISSIMMEE FL 34759  
Mailing Address: 4900 PLEASANT HILL RD. KISSIMMEE FL 34759-3430

3. Date Incorporated or Qualified: 01/16/1981  
3a. Date of Last Report: 04/04/1996

21. Principal Place of Business	22a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2253302	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24. Zip	28. Zip	<input type="checkbox"/>	
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	30. Country	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		10. Name and Address of New Registered Agent	

NOLL, GEORGE D  
1746 WESTERN REDWOOD AVE  
KISSIMMEE FL 34758 - 2335

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ECBD	1.1 TITLE	ECBD
NAME	BOLDON, LEROY	1.2 NAME	TARANGER, Nils
STREET ADDRESS	231 DELAWARE AVE	1.3 STREET ADDRESS	2335 PINETREE COURT
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	KISSIMMEE, 34744
TITLE	TD	2.1 TITLE	ED MOORHOUS, CARL
NAME	DENMAH, WILLIAM JR.	2.2 NAME	411 LONG DRIVE
STREET ADDRESS	124 ALCALA DRIVE	2.3 STREET ADDRESS	KISSIMMEE, FL. 34759
CITY-ST-ZIP	KISSIMMEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ESD	3.1 TITLE	DTD
NAME	TARANGER, NILS	3.2 NAME	HOGAN, ED
STREET ADDRESS	2335 PINETREE COURT	3.3 STREET ADDRESS	3000 PINERIDGE CIRCLE
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746
TITLE	EVCD	4.1 TITLE	DD
NAME	MOORHOUS, CARL	4.2 NAME	COPP, ROBERT
STREET ADDRESS	411 LONG DR	4.3 STREET ADDRESS	807 NELSON DRIVE
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL. 34758
TITLE	EVCD	5.1 TITLE	
NAME	NOLL, GEORGE D.	5.2 NAME	
STREET ADDRESS	1746 WESTERN REDWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	DSD	6.1 TITLE	
NAME	COCKRELL, WILLIAM	6.2 NAME	
STREET ADDRESS	1901 FERN CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34746	6.4 CITY-ST-ZIP	

14. I do 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 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 2-27-97 407-870-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070316

CR2E037 (9/96)