


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90002 023 ****61.25

DOCUMENT # 755923

1. Entity 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**

2. Principal Place of Business
3181 Pleasant Hill Rd

3. Mailing Address
3181 Pleasant Hill Rd

Suite, Apt. #, etc.

City & State
Kissimmee FL

Country
Osceola

Zip
34746

6. Name and Address of Current Registered Agent
**ATTEBERY, MARILYN
 3181 PLEASANT HILL ROAD
 KISSIMMEE, FL 34746**

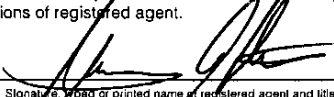
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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  **Marilyn Attebery** **6/4/05**

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

**Filing 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. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ECBD TARANGER, NILS 2335 PINE TREE COURT KISSIMMEE, FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STEVE PETROULAKIS 738 YUCATAN CT KISSIMMEE, FL 34758 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EDVC HOGAN, ED 3000 PINERIDGE CIRCLE KISSIMMEE, FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD COPP, ROBERT 807 NELSON DRIVE KISSIMMEE, FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSD JIM SULLIVAN 1734 CONIFER AVENUE KISSIMMEE, FL 34758 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ECBD Paul Wassmund 225 Shore Dr | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Elder Colleen Bar Paul Wassmund 225 Shore Dr Winter Haven FL 33884 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Trustee Everett (Mae) McCarty 175 Cape Florida Dr Kissimmee FL 34759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chairman of the Board / Elder Jasen Whitely 831 Mangrove Ct Kissimmee FL 34759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deacon Eric Warty 865 Adair Dr Kissimmee FL 34759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSD Bob Semple 4126 Bald Eagle Drive Kissimmee FL 34746 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Deacon Wayne Glover 1533 Trumbull St Kissimmee FL 34744 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  **6/4/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

