


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90301 010 \*\*\*\*61.25

60026338



<b>DOCUMENT # 755923</b>					
1. Entity Name POINCIANA CHRISTIAN CHURCH, INC.					
Principal Place of Business 3181 PLEASANT HILL RD KISSIMMEE, FL 34746			Mailing Address 3181 PLEASANT HILL RD KISSIMMEE, FL 34746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2253302	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATTEBERY, MARILYN 3181 PLEASANT HILL ROAD KISSIMMEE, FL 34746			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 <i>Marilyn Attebery</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ECBD	<input checked="" type="checkbox"/> Delete	TITLE	E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANGER, NILS		NAME	Jim Chesser	
STREET ADDRESS	2335 PINE TREE COURT		STREET ADDRESS	610 Yak Court	
CITY-ST-ZIP	KISSIMMEE, FL		CITY-ST-ZIP	Kissimmee FL 34759	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE PETROULAKIS		NAME		
STREET ADDRESS	738 YUCATAN CT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34758		CITY-ST-ZIP		
TITLE	ECC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASMUND, PAUL		NAME		
STREET ADDRESS	225 SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, EVERETT		NAME		
STREET ADDRESS	175 CAPE FLONDE DR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP		
TITLE	COBE	<input type="checkbox"/> Delete	TITLE	ECC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUNITY, JASEN		NAME	Jasen Whiting	
STREET ADDRESS	831 MARGUIS CT		STREET ADDRESS	831 Marguis Ct	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	Kissimmee, FL 34759	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WNITY, ERIC		NAME	Eric Whiting	
STREET ADDRESS	865 ADOUR DR		STREET ADDRESS	508 Pintail Cr	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	Auburndale FL 33823	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Eric Whiting</i>		Eric Whiting		3/26/06 863-248-1148	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	