


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90021 002 ****61.25


DOCUMENT # 755923			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input type="checkbox"/> Delete	TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSER, JIM	NAME	Chesser, Jim
STREET ADDRESS	610 YAK CT	STREET ADDRESS	610 YAK COURT
CITY-ST-ZIP	KISSIMMEE, FL 34759	CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARANGER, NILS	NAME	HARDIN, LESLIE T.
STREET ADDRESS	2335 PINE TREE CT	STREET ADDRESS	1915 MYAKKA COURT
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	KISSIMMEE, FL 34759
TITLE	VD <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASMUND, PAUL	NAME	WASMUND, PAUL
STREET ADDRESS	225 SHORE DR	STREET ADDRESS	225 SHORE DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33884	CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, WAYNE	NAME	HOWARD, ROLAND
STREET ADDRESS	1533 TRUMBALL STREET	STREET ADDRESS	3899 BLACKBERRY CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744	CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING, JASEN	NAME	Whiting, JASEN
STREET ADDRESS	831 MARGUIS CT	STREET ADDRESS	474 AMETHYST AVENUE
CITY-ST-ZIP	KISSIMMEE, FL 34759	CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	T <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, ERIC	NAME	Whiting, ERIC
STREET ADDRESS	508 PINTAIL CR	STREET ADDRESS	508 PINTAIL CIRCLE
CITY-ST-ZIP	AUBURNDALE, FL 33823	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 *Paul Wasmund - CHAIRMAN OF THE BOARD*

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ATTACHMENT

DOCUMENT # 755923 1. Entity Name POINCIANA CHRISTIAN CHURCH, INC.					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2253302	
Zip		Country		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		
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SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHESSER, JIM 610 YAK CT KISSIMMEE, FL 34759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARANGER, NILS 2335 PINE TREE CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WASMUND, PAUL 225 SHORE DR WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, WAYNE 1533 TRUMBALL STREET KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITING, JASEN 831 MARGUIS CT KISSIMMEE, FL 34759	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whiting, Jasen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITNEY, ERIC 508 PINTAIL CR AUBURNDALE, FL 33823	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2253302 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.