


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000007588 1. Entity Name EVERY NATION CHURCH OF ORLANDO, INC.	
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Principal Place of Business 12530 ALDERSHOT LANE WINDERMERE, FL 34786	Mailing Address 12530 ALDERSHOT LANE WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3243148	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

TOWER, KEITH
 12530 ALDERSHOT LANE
 WINDERMERE, FL 34786

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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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, RUSSEL D 3839 HUNT CLUB ROAD JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, BRETT 43479 SAVOY WOODS COURT CHANTILLA, VA 20152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWER, JENNIFER K 12530 ALDERSHOT LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWER, KEITH R 12530 ALDERSHOT LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/03/07-80025-024 61.25

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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: Keith R. Tower **KEITH R. TOWER** 3/20/07 407-654-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #