

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

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90013 008 ****70.00

DOCUMENT # N99006002878

1. Entity Name

ORLANDO VICTORY UNITED CHURCH OF CHRIST, INC.



Principal Place of Business

1255 N. PINE HILLS RD
ORLANDO, FL 32808

Mailing Address

1255 N. PINE HILLS RD
ORLANDO, FL 32808

60006042



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3596124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARUGU, ODIATOR
1999 WEST COLONIAL DRIVE
SUITE 213
ORLANDO, FL 32804

LEONARD O. HOLT
1255 N. PINE HILLS RD
ORLANDO FL 32808

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IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLT, LEONARD O
STREET ADDRESS	6501 VERNON ST
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	V
NAME	HOLT, CONSTANCE
STREET ADDRESS	6501 VERNON ST
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	D
NAME	PORTER, VIRGINIA
STREET ADDRESS	1932 LK. ATRIUM CIRCLE #81
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	T
NAME	PETITE, JACQUES
STREET ADDRESS	4156 MINOSO STREET
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	SLAUGHTER, DEBORAH
STREET ADDRESS	6207 BOLLING DR
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	ELLIOT, MARY
STREET ADDRESS	4662 VARGAS STREET
CITY-ST-ZIP	ORLANDO, FL 32811

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-06 407 2961866