

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 20 AM 11:20

DOCUMENT # 726050 (8)

1. Corporation Name

WEST ORANGE CHRISTIAN CHURCH INC

Principal Place of Business

**7325 CONROY-WINDERMERE ROAD
ORLANDO FL 32835-2754**

Mailing Address

**7325 CONROY-WINDERMERE ROAD
ORLANDO FL 32835-2754**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1973

3a. Date of Last Report

02/03/1994

4. FEI Number

59-6557253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**WARNER, WILLIAM A. JR
9218 S. KILGORE RD.
ORLANDO FL 32836**

10. Name and Address of New Registered Agent

81 Name

Fox, Dennis

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

5067 Winwood Way

83

84 City

Orlando,

FL

85 Zip Code
32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Dennis Fox

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

2-14-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TRC
WARNER JR, WILLIAM
9218 S. KILGORE RD.
ORLANDO, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TR
ROBINSON, JAMES W.
8314 BANYAN BLVD.
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TRT
MARTIN, JOHN
10419 INDIES COURT
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TRC
Fox, Dennis
5067 Winwood Way
Orlando, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TR
Turk, John
4132 Winderlakes Dr
Orlando, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
Delete Mr Warner who has resigned

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☒ Addition
Orlando, FL 32819

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☒ Addition
**Martin, John R.
Orlando, FL 32821**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

John R Martin

John R Martin, TRT

2-14-95

407 299 2092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Name)

(Signature) (Phone #)