

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 700643	
1. Entity Name CHULUOTA COMMUNITY CHURCH INCORPORATED	
Principal Place of Business 150 EAST 4TH STREET P O BOX 660128 CHULUOTA, FL 32766 US	Mailing Address 150 EAST 4TH STREET P O BOX 660128 CHULUOTA, FL 32766 US



02172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6134537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**DENELSBECK, LYNDON
148 LEONA RD
ORLANDO, FL 32828**

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, 2005**

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 DENELSBECK, LYNDON 148 LEONA RD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WEAVER, AUDREY 619 CRANE BROOK CT OVIDEO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S LANGSTON, MILDRED 112- OVERLOOK DRIVE CHULUOTA, FL 00000
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DENSELSBECK, LYLE 800 PARAGUAY CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/24/05-80019-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2/20/05 **407 568 5278**
Date Daytime Phone #