

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701690 (0)

1. Corporation Name

THE COMMUNITY CHURCH OF THE BRETHREN, INCORPORATED



Principal Place of Business

3839 S. FERNCREEK AVE
ORLANDO FL 32806
US

Mailing Address

3839 S. FERNCREEK AVE
ORLANDO FL 32806
US

3. Date Incorporated or Qualified
11/18/1960

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number
59-2986671

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

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

9. Name and Address of Current Registered Agent

CUNNINGHAM, JOHN
3839 SOUTH FERNCREEK AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME YOUNG, GALE
STREET ADDRESS 4513 WETHERBREE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME HERRING, CHARLIE
STREET ADDRESS 2109 MISCINDY PLACE
CITY-ST-ZIP ORLANDO FL

TITLE T
NAME SOULARD, STEPHEN
STREET ADDRESS 1357 VALLEY PINE CIR
CITY-ST-ZIP APOPKA FL

TITLE D
NAME HIATT, MICHAEL
STREET ADDRESS 2805 FRONTIER DR
CITY-ST-ZIP KISSIMMEE FL

TITLE D
NAME WHITTEN, BRUCE
STREET ADDRESS 39 SPRING HOLLOW BLVD
CITY-ST-ZIP APOPKA FL

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

2.1 TITLE D
2.2 NAME GRAHAM, KEITH
2.3 STREET ADDRESS 11729 BROAD OAK CT.
2.4 CITY-ST-ZIP ORLANDO FL 32829

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

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

5.1 TITLE D
5.2 NAME HIATT, RUSSELL
5.3 STREET ADDRESS 2805 FRONTIER DR
5.4 CITY-ST-ZIP KISSIMMEE, FL 34744

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

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 an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date 3/31/96 Daytime Phone 407-356-9356

CR2E037 (12/95)