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FILED

Feb 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 32806-7006  
US**3. Date Incorporated or Qualified  
**11/18/1960**3a. Date of Last Report  
**04/04/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.**22** City & State**23** Zip**24** Country

2a. Mailing Address

**25** Suite, Apt. #, etc.**26** City & State**27** Zip**28** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUNNINGHAM, JOHN  
3839 SOUTH FERNCREEK AVE  
ORLANDO FL 32806**

81 Name

**Hiatt, Michael**

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

**2805 Frontier Dr**

83

84 City

**Kissimmee****FL**

85 Zip Code

**34744**

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 *Michael S. Hiatt*

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

(NOTE: Registered Agent signature required when reinstating)

**2/11/97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE  
NAME **YOUNG, GALE**  
STREET ADDRESS **4513 WETHERBREE ROAD**  
CITY-ST-ZIP **ORLANDO FL**TITLE **D** ☐ DELETE  
NAME **GRAHAM, KEITH**  
STREET ADDRESS **11729 BROAD OAK COURT**  
CITY-ST-ZIP **ORLANDO FL**TITLE **T** ☐ DELETE  
NAME **SOULARD, STEPHEN**  
STREET ADDRESS **1357 VALLEY PINE CIR**  
CITY-ST-ZIP **APOPKA FL**TITLE **D** ☐ DELETE  
NAME **HIATT, MICHAEL**  
STREET ADDRESS **2805 FRONTIER DR**  
CITY-ST-ZIP **KISSIMMEE FL**TITLE **D** ☒ DELETE  
NAME **HIATT, RUSSELL**  
STREET ADDRESS **2805 FRONTIER DRIVE**  
CITY-ST-ZIP **KISSIMMEE F**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **Gwendolyn Ball**  
5.3 STREET ADDRESS **1400 Julio Ln**  
5.4 CITY-ST-ZIP **Orlando, FL 32807**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

*Stephen R. Souland* **Stephen R. Souland** **2/16/97** **407-306-4043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016718

CR2E037 (9/96)