

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 008 ****61.25

DOCUMENT # 701887 1. Entity Name ST. MICHAEL'S CHURCH					
Principal Place of Business 2499 N. WESTMORELAND DR ORLANDO, FL 32804 US			Mailing Address 2499 N. WESTMORELAND DR ORLANDO, FL 32804 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0782458	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAMILTON, ROGER REV 4018 SHORECREST DR ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete HAMILTON, ROGER REV 4018 SHORECREST DR ORLANDO, FL 32804		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete SPRAGGINS, MICHAEL SR 4 E. HARVARD ST ORLANDO, FL 32804		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CLAYTON, FRED 719 N. Rio Grande Ave. Orlando, FL 32804	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete MOSHER, WAYNE 2413 ASHLAND BLVD ORLANDO, FL 32808		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete COX, KATHY 1506 WILLIAMS DRIVE WINTER PARK, FL 32789		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEMETREE, ELLEN 2620 N. Westmoreland Drive Orlando, FL 32804	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete CARPENTER, WALTER JR 922 VALENCIA AVENUE ORLANDO, FL 32804		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARDWELL, KATHY 1516 W. Ivanhoe Blvd. Orlando, FL 32804	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete 		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9 March 2006 407 843 8448 <small>Daytime Phone #</small>		

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