

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-09-2005 90047 020 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # 705576 1. Entity Name THE WINDERMERE UNION CHURCH OF WINDERMERE, FLORIDA, INC.					
Principal Place of Business 436 OAKDALE STREET WINDERMERE FL 34786			Mailing Address 436 OAKDALE STREET WINDERMERE FL 34786		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-0914219 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BOCHIARDY, BARBARA 436 OAKDALE STREET WINDERMERE FL 34786	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	M MEHLAN, ED 4175 NEWLAND STREET CLERMONT FL 34711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mehlan, Ed 4175 Newland Street Clermont FL 34711	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCHIARDY, BARBARA 436 OAKDALE STREET WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dave Wemyss 7435 Skiingway Winter Garden, FL 34787	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NAGLE, ALLAN 2934 MARQUESAS COURT WINDERMERE FL 34786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bochiardy, Barbara 436 Oakdale St. Windermere, FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POREWER, JENNIFER 6414 HILLS-O-SAND COURT ORLANDO FL 32819	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Nagle, Allan 2934 Marquesas Court Windermere, FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROUT, ED 3857 EVERSCHOLT STREET CLERMONT FL 34711	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Denise Picard 12417 Scarlet Sage Court Winter Garden, FL 34787	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, DEBBIE 6214 MORNING MIST LANE ORLANDO FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debbie Snow 6214 Morning Mist Lane Orlando, FL 32819	☒ Change ☐ Addition
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: <u>E. Mehlman</u> EDMUND F. MEHLAN <u>9 Mar 05</u> <u>407-876-2112</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					