

**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 # **705614** (6)  
1. Corporation Name  
**THE TANGERINE COMMUNITY CHURCH, INC.**



Principal Place of Business: **WRIGHT AVENUE, P. O. BOX 281, TANGERINE FL 32777**  
Mailing Address: **WRIGHT AVENUE, P. O. BOX 281, TANGERINE FL 32777**

3. Date Incorporated or Qualified: **05/15/1963**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **59-2813841**  
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  
**LITZ, WILLIAM J.  
7307 LAKE OLA DRIVE  
TANGERINE FL 32777**

10. Name and Address of New Registered Agent  
81 Name: **NOSTRAND, VIVIAN S.**  
82 Street Address (P.O. Box Number is Not Acceptable): **101 N. GRANDVIEW, #110**  
83  
84 City: **MOUNT DORA** FL 85 Zip Code: **32757**

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: *Vivian S. Nostrand* (NOTE: Registered Agent signature required when reinstating) DATE: **April 17, 1996**

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NOSTRAND, VIVIAN	
STREET ADDRESS	101 N. GRANDVIEW, #110	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALLORY, JAMES	
STREET ADDRESS	34638 CATTAIL DRIVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOULTON, JAMES	
STREET ADDRESS	27508 LAKE JEM ROAD	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, PHYLLIS	
STREET ADDRESS	101 N. GRANDVIEW, #310	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LITZ, WILLIAM J	
STREET ADDRESS	7307 LAKE OLA DRIVE	
CITY-ST-ZIP	TANGERINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REEMSNYDER, DONALD	
STREET ADDRESS	158 OAKLAND DRIVE	
CITY-ST-ZIP	EUSTIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96		
1.1 TITLE	TREAS. - COUNCIL MBR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOSTRAND, VIVIAN	
1.3 STREET ADDRESS	101 N. GRANDVIEW, #110	
1.4 CITY-ST-ZIP	MT. DORA FL 32757	
2.1 TITLE	CH. OF COUNCIL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DYER, JAMES	
2.3 STREET ADDRESS	5000 FRANKLIN RD.	
2.4 CITY-ST-ZIP	MT. DORA, FL 32757	
3.1 TITLE	COUNCIL MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOULTON, DOLLY	
3.3 STREET ADDRESS	27508 LAKE JEM ROAD	
3.4 CITY-ST-ZIP	MT. DORA FL 32757	
4.1 TITLE	V. CH. OF COUNCIL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BAUMANN JOEL	
4.3 STREET ADDRESS	21803 LAKE SENECA RD.	
4.4 CITY-ST-ZIP	EUSTIS, FL 32726	
5.1 TITLE	COUNCIL MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICE, CARL	
5.3 STREET ADDRESS	(P.O. BOX 164) 5735 OAK ST.	
5.4 CITY-ST-ZIP	TANGERINE FL 32777	
6.1 TITLE	CHURCH SECY.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KRAMER, BEVERLY	
6.3 STREET ADDRESS	5568 TRIMBLE PARK RD.	
6.4 CITY-ST-ZIP	MT. DORA FL 32757	

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: *Vivian S. Nostrand* DATE: **April 17, 1996** PHONE: **352-383-7232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)