


FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 705614  
1. Corporation Name  
**THE TANGERINE COMMUNITY CHURCH, INC.**

Principal Place of Business <b>WRIGHT AVENUE P.O. BOX 281 TANGERINE, FL 32777</b>	Mailing Address <b>P.O. BOX 281 TANGERINE, FL 32777</b>
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified <b>05/15/1963</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-28-13841</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**NOSTRAND, VIVIAN S.  
101 N. GRANDVIEW ST., #110  
MOUNT DORA, FL 32757**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**300002178813  
-05/14/97--01108--003**  
B4 City **\*\*\*61.25** FL B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOULTON, DOLLY</b>	
STREET ADDRESS	<b>27508 LAKE JEM RD.</b>	
CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DYER, JAMES</b>	
1.3 STREET ADDRESS	<b>5000 FRANKLIN RD.</b>	
1.4 CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	
2.1 TITLE	<b>VC D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BAUMANN, JOEL</b>	
2.3 STREET ADDRESS	<b>21803 LAKE SENECA RD.</b>	
2.4 CITY - ST - ZIP	<b>EUSTIS, FL 32726</b>	
3.1 TITLE	<b>T D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NOSTRAND, VIVIAN S.</b>	
3.3 STREET ADDRESS	<b>101 N. GRANDVIEW ST., #110</b>	
3.4 CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	
4.1 TITLE	<b>S D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KRAMER, BEVERLY</b>	
4.3 STREET ADDRESS	<b>5568 TRIMBLE PARK RD.</b>	
4.4 CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BOULTON, JAMES</b>	
5.3 STREET ADDRESS	<b>27508 LAKE JEM RD.</b>	
5.4 CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SCHARFENBERG, HOWARD</b>	
6.3 STREET ADDRESS	<b>6492 DORA DRIVE</b>	
6.4 CITY - ST - ZIP	<b>MT. DORA, FL 32757</b>	

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: Vivian S. Nostrand April 28, 1997 352-383-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7232

CR2E037 (9/96)