FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(6)

THE TANGENINE COMMUNITY CHURCH, INC.								
Principal Plac	e of Business	Mailing Address P.O. BOX 281 TANGERINE FL 32777				r idarri 1926) antar 2019 disat ibah dibi dib	ir binii dinii dinii dinii dinii 31611 1081	
WRIGHT AVEN					ŀ	3. Date Incorporated or Qualified		
P. O. BOX 281						05/15/1963		
IANGEMINE PL	. 32///				1	4. FEI Number	Applied For	
						59-2813841	Not Applicable	
2. Principal Place of Business		2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Fee Required	
22	1 , 0.0.	27			-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	18	City & State				7. Is this nonprofit corporation a homeow	***************************************	
23		28				Yes You		
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the	current year intaggible	
24	25	29	30]	Personal Property Tax due June 30.	☐ Yes 📝 No	
	9. Name and Address of Current	Registered Agent		81 Nam		10. Name and Address of New Register	ed Agent	
NOCTOAND INTANIO					•			
NOSTRAND, VIVIAN S. 101 N. GRANDVIEW #110				82 Stree	1 Address (P.O. Box Number is Not Acceptable)			
MOUNT DORA FL 32757				83				
	50.000			24 00				
				84 City	· FL • - - -			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the a	bove-name	ed corpora	ation submits this statement for the purpose's board of directors. I hereby accept the	e of changing its registered	
agent. I a	im familiar with, and accept the obligat	ions of, Section 617.0503, FI	lorida Sta	tutes.	ирогация	is board or directors. Thereby accept the	appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and the Karrisania Mark	TC: D					
12.	OFFICERS AND		13.	a Agent signal	ure required y	when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	_	
TITLE	TC	☐ DELETE	1.1 Tr	TLE	D		☐ Change Addition	
NAME	ADDRESS 101 N. GRANDVIEW, #110		1.2 N	1.2 NAME 1.3 STREET ADDRESS		emshyder Donald 9 Oakland Dr.		
STREET ADDRESS			1.3 \$1			STIS FL -32726		
CITY-ST-ZIP	MT, DORA FL		1.4 CITY					
TITLE	COC	☐ DELETE		2.1 TITLE		'E /6/1	Change 🔀 Addition	
NAME STREET ADDRESS	TOOL WALLEY AL DE		22 N		S ' U. I. /ETSE \Ou \ \C7 \			
CITY-ST-ZIP	APT BODA EL			'REET ADDRES! ITY-ST-ZIP	TA	TANGERINE FL. 33777		
TITLE	D	DELETE			D		Change Addition	
NAME	BOULTON, JAMES	3.2 N				ITH PHULLIS		
STREET ADDRESS	40000 1 11/0 W14 0 0 1 0		3.3 \$1	REET ADDRESS				
CITY-ST-ZIP	MT. DORA FL 32757			ITY-ST-ZIP	MI	7. DORA FL 32757		
TITLE	VCD	☐ DELETE	4.1 TO	TLE	D.,	THE STATE OF	☐ Change ☑ Addition	
NAME	BAUMANN, JOEL		4. 2 N			IAMIESON, JAMES QUE CIRCLE TODO 5		
STREET ADDRESS	21803 LAKE SENECA RD.			REET ADDRESS	S STA	LORA FL 32757	ļ	
CITY-ST-ZIP	EUSTIS FL 32726 SD	DELETE		TY-ST-ZIP	1411	WM F 3412 /	Character 1 Addition	
NAME	KRAMER, BEVERLY		5,1 TI 5,2 N/				☐ Change ☐ Addition	
STREET ADDRESS	5568 TRIMBLE PARK RD			ime Reet address	,			
CITY+ST-ZIP	MT. DORA FL 32757			ree i address Ty-ST-ZIP	`		1	
TITLE	D	DELETE	6.1 Tr		 		Change Addition	

14. 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 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SCHARFENBERG, HOWARD

6492 DORA DRIVE

MT. DORA FL 32757

VIVIAN S. NOSTRAND 1/17/98 352-383-7232

FILED

Feb 17 1998 8:00am

Secretary of State