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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705614
 1. Corporation Name
THE TANGERINE COMMUNITY CHURCH, INC.

Principal Place of Business WRIGHT AVENUE P. O. BOX 281 TANGERINE FL 32777	Mailing Address P.O. BOX 281 TANGERINE FL 32777
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/15/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2813841
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NOSTRAND, VIVIAN S. 101 N. GRANDVIEW #110 MOUNT DORA FL 32757	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	REEMSNYDER, DONALD 158 OAKLAND DR EUSTIS FL 32726	1.1 TITLE E	DYER, JAMES 5000 FRANKLIN RD MOUNT DORA, FL 32757
TITLE D	RICE, CARL BOX 164 A5735 OAK ST TANGERINE FL 32777	2.1 TITLE TD	NOSTRAND, VIVIAN 101 N. GRANDVIEW #110 MOUNT DORA, FL 32757
TITLE D	SMITH, PHILLIS 101 N GRANDVIEW #310 MT. DORA FL 32757	3.1 TITLE 3.2 NAME	SMITH, PHYLLIS (Spelling)
TITLE D	JAMIESON, JAMES 6948 CLUB CIR MT DORA FL 32757	4.1 TITLE 4.2 NAME	ELLISON, ELAINE 3809 OLAX COURT ZELLWOOD, FL 32798
TITLE SD	KRAMER, BEVERLY 5568 TRIMBLE PARK RD MT. DORA FL 32757	5.1 TITLE 5.2 NAME	
TITLE D	SCHARFENBERG, HOWARD 6492 DORA DRIVE MT. DORA FL 32757	6.1 TITLE 6.2 NAME	

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 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, with all other like empowered.

SIGNATURE: Vivian S. Nostrand (VIVIAN S. NOSTRAND) 2/8/99 352-383-7232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)