

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90015 029 \*\*\*\*61.25

**DOCUMENT # 705614**

1. Entity Name

**THE TANGERINE COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

**WRIGHT AVENUE  
P. O. BOX 281  
TANGERINE FL 32777**

**P.O. BOX 281  
TANGERINE FL 32777-0281**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2813841**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOSTRAND, VIVIAN S.  
101 N. GRANDVIEW #110  
MOUNT DORA FL 32757**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **C**  Delete  
NAME: **DYER, JAMES**  
STREET ADDRESS: **5000 FRANKLIN ROAD**  
CITY-ST-ZIP: **MOUNT DORA FL 32757**

TITLE: **TD**  Change  Addition  
NAME: **NOSTRAND, VIVIAN S.**  
STREET ADDRESS: **101 N. GRANDVIEW, #110**  
CITY-ST-ZIP: **MT. DORA, FL 32757**

TITLE: **D**  Delete  
NAME: **RICE, CARL**  
STREET ADDRESS: **BOX 164 A5735 OAK ST**  
CITY-ST-ZIP: **TANGERINE FL 32777**

TITLE: **D**  Change  Addition  
NAME: **ELLISON, ELAINE**  
STREET ADDRESS: **3809 OLAX COURT**  
CITY-ST-ZIP: **ZELLWOOD, FL 32798**

TITLE: **D**  Delete  
NAME: **SMITH, PHYLLIS**  
STREET ADDRESS: **101 N GRANDVIEW #310**  
CITY-ST-ZIP: **MT. DORA FL 32757**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **JAMIESON, JAMES**  
STREET ADDRESS: **6948 CLUB CIR**  
CITY-ST-ZIP: **MT DORA FL 32757**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **SD**  Delete  
NAME: **KRAMER, BEVERLY**  
STREET ADDRESS: **5568 TRIMBLE PARK RD**  
CITY-ST-ZIP: **MT. DORA FL 32757**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **D**  Delete  
NAME: **SCHARFENBERG, HOWARD**  
STREET ADDRESS: **6492 DORA DRIVE**  
CITY-ST-ZIP: **MT. DORA FL 32757**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  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: *Vivian S. Nostrand* (VIVIAN S. NOSTRAND) **March 5, 2000** **352-383-7232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)