

**-2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90127 001 \*\*\*\*61.25

04-11-01

**DOCUMENT # 705614**  
 1. Entity 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>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2813841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	C	<input type="checkbox"/> Delete
NAME	<b>DYER, JAMES</b>	
STREET ADDRESS	<b>5000 FRANKLIN ROAD</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL 32757</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>RICE, CARL</b>	
STREET ADDRESS	<b>BOX 164 A5735 OAK ST</b>	
CITY-ST-ZIP	<b>TANGERINE FL 32777</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, PHYLLIS</b>	
STREET ADDRESS	<b>101 N GRANDVIEW #310</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>JAMIESON, JAMES</b>	
STREET ADDRESS	<b>6948 CLUB CIR</b>	
CITY-ST-ZIP	<b>MT DORA FL 32757</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>KRAMER, BEVERLY</b>	
STREET ADDRESS	<b>5568 TRIMBLE PARK RD</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SCHARFENBERG, HOWARD</b>	
STREET ADDRESS	<b>6492 DORA DRIVE</b>	
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VIVIAN NOSTRAND</b>	
STREET ADDRESS	<b>101 N. GRANDVIEW #110</b>	
CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELAINE NORMANDIN</b>	
STREET ADDRESS	<b>3809 OLAX CT.</b>	
CITY-ST-ZIP	<b>ZELLWOOD, FL 32798</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PETER JORDAN</b>	
STREET ADDRESS	<b>40 N. CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** *April 5, 2001* **352-383-7232**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (10/00)