2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am Secretary of State DOCUMENT # **705614** 1. Entity Name THE TANGERINE COMMUNITY CHURCH, INC. 02-26-2002 90162 042 ****61.25 Mailing Address Principal Place of Business P.O. BOX 281 WRIGHT AVENUE TANGERINE FL 32777 P. O. BOX 281 TANGERINE FL 32777 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2813841 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NOSTRAND, VIVIAN S. 101 N. GRANDVIEW #110 **MOUNT DORA FL 32757** Zip Code City 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 rainstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. (9/01)Addition ☐ Change ☐ Delete TITLE T/D TITLE NAME NAME DYER, JAMES NOSTRAND YIVIAN #110 TOI N. GRANDVIEW #110 MOUNT DORA FL 32757 STREET ADDRESS STREET ADDRESS 5000 FRANKLIN ROAD CITY-ST-ZIP CITY-ST-7IP <u>Mount Dora FL 32757</u> Addition Change ☐ Delete TITLE NORMANDIN, ELAINE TITLE NAME NAME RICE, CARL 3809 OLAX COURT STREET ADDRESS BOX 164 A5735 OAK ST STREET ADDRESS CITY-ST-ZIP ZELWOOD, FL 32798 CITY-ST-ZIP TANGERINE FL 32777 Addition Change Delete TITLE TITLE COFFMAN, JIM NAME NAME Jordan. Peter P.O. BOX 621 7018 WRIGHT AVE. STREET ADDRESS STREET ADDRESS 40 N. CENTRAL AVE CITY-ST-ZIP TANGERINE, FL 32777 CITY-ST-ZIP APOPKA FL 32-7036 Addition Change Delete TITLE JAMIESON JANET JAMIESON, JAMES NAME 6932 SUNNY LANE, SUNNY PINES STREET ADDRESS STREET ADDRESS 6948 CLUB CIR CITY-ST-ZIP CITY-ST-ZIP MOUNT DORA, FL 32757 MT DORA FL 32757 Change ☐ Addition ☐ Delete TITLE TITLE KRAMER, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 5568 TRIMBLE PARK RD CITY-ST-ZIP CITY-ST-ZIP MT. DORA FL 32757 ☐ Change ☐ Addition TITLE TITLE ☐ Delete SCHARFENBERG, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 6492 DORA DRIVE CITY-ST-ZIP MT. DORA FL 32757

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 fth an address, with all other like empowered

SIGNATURE: