


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90021 001 ****61.25

DOCUMENT # 705614
1. Entity Name
THE TANGERINE COMMUNITY CHURCH, INC.



Principal Place of Business Mailing Address
7141 WRIGHT AVE P.O. BOX 281
TANGERINE FL 32777 TANGERINE FL 32777

J4000000



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number Applied For
59-2813841 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME C DYER, JAMES 5000 FRANKLIN ROAD MOUNT DORA FL 32757	<input type="checkbox"/> Delete
TITLE NAME D NORMANDIN, ELAINE 3809 OLAX CT ZELLWOOD FL 32798	<input type="checkbox"/> Delete
TITLE NAME D JORDAN, PETER 40 N. CENTRAL AVE APOPKA FL 32-7036	<input checked="" type="checkbox"/> Delete
TITLE NAME D KRAMER, BEVERLY 2116 WAX MYRTEL DR ZELLWOOD FL 32798	<input type="checkbox"/> Delete
TITLE NAME SD CROWELL, DOROTHY 2667 LAKE GRASSMERE CIR ZELLWOOD FL 32798	<input type="checkbox"/> Delete
TITLE NAME D SCHARFENBERG, HOWARD 6492 DORA DRIVE MT. DORA FL 32757	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME TD NOSTRAND, VIVIAN #110 101 N. GRANDVIEW, MOUNT DORA FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D CLARKE, WILLIAM 5543 PINE ST. P.O. Box 33 TANGERINE, FL 32777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D COFFMAN, JIM P.O. Box 621 7018 WRIGHT AVE. TANGERINE, FL 32777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D JAMIESON, JANET 6932 SUNNY LANE, SUNNY PINES MOUNT DORA, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D VANDENBERG, ANTHONY P.O. BOX 314, 7072 EARLWOOD AVE. TANGERINE, FL 32777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D [Empty]	<input type="checkbox"/> Change <input type="checkbox"/> 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** 2/10/04 352-383-7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #