


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90108 036 ****61.25

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



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

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

City & State

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2813841**
 Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

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 STREET ADDRESS CITY-ST-ZIP	C DYER, JAMES 5000 FRANKLIN ROAD MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMANDIN, ELAINE 3809 OLAX CT ZELLWOOD FL 32798 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOSTRAND, VIVIAN 101 N GRANDVIEW # 110 MOUNT DORA FL 32757 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, BEVERLY 2116 WAX MYRTEL DR ZELLWOOD FL 32798 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWELL, DOROTHY 2667 LAKE GRASSMERE CIR ZELLWOOD FL 32798 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, WILLIAM 5543 PINE ST. P.O. BOX 33 TANGERINE FL 32777 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDENBERG ANTHONY P.O. Box 314 7072 EARLWOOD AVE TANGERINE FL 32777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIESON JANET 6932 SUNNY LANE, SUNNY PINES MOUNT DORA, FL 32757 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOFFMAN, JAMES P.O. Box 621 7018 WRIGHT AVE TANGERINE FL 32777 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD PETER 7747 EARLWOOD AVE, TANGERINE, FL 32777 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 1726 MT. DORA, FL 32756 <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 **March 14 2005** **352-383-7232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #