

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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. I am familiar with, and accept the obligations of registered agent.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDENBERG ANTHONY	
STREET ADDRESS	P.O. Box 314, 7072 EARLWOOD AVE	
CITY-ST-ZIP	TANGERINE, FL 32777	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIESON JANET	
STREET ADDRESS	6932 SUNNY LANE, SUNNY PINES	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	DCOFFMAN, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P.O. Box 621, 7018 WRIGHT AVE	
STREET ADDRESS	TANGERINE FL 32777	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD PETER	
STREET ADDRESS	7747 EARLWOOD AVE,	
CITY-ST-ZIP	TANGERINE, FL 32777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1726	
STREET ADDRESS	MT. DORA, FL 32756	
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14 2005 *352-383-7232*

Date

Daytime Phone #