


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90017 019 ****61.25

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

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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For	
59-2813841		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>Diana Symonds</u> Street Address (P.O. Box Number is Not Acceptable) <u>4013 Myrtle Oak Ct</u> City <u>Zellwood</u> FL <u>32798</u>	

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 Diana Symonds Diana Symonds 4-25-07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, JAMES	NAME	Vivian S Nostrand
STREET ADDRESS	5000 FRANKLIN ROAD	STREET ADDRESS	101 N. Grandview #110
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	Mt Dora FL 32757
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDENBERG, ANTHONY	NAME	Diana Symonds
STREET ADDRESS	7072 EARLWOOD AVE. POB 314	STREET ADDRESS	4013 Myrtle Oak Ct
CITY-ST-ZIP	TANGERINE FL 32777	CITY-ST-ZIP	Zellwood FL 32798
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSTRAND, VIVIAN	NAME	Janet Jamison
STREET ADDRESS	101 N GRANDVIEW # 110	STREET ADDRESS	6932 Sonny Lane
CITY-ST-ZIP	MOUNT DORA FL 32757	CITY-ST-ZIP	Mt Dora FL 32757
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, BEVERLY	NAME	Peter Mac Donald
STREET ADDRESS	2116 WAX MYRTLE DR	STREET ADDRESS	P.O. Box 1726
CITY-ST-ZIP	ZELLWOOD FL 32798	CITY-ST-ZIP	Mt Dora FL 32757
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL, DOROTHY	NAME	
STREET ADDRESS	2667 LAKE GRASSMERE CIR	STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD FL 32798	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, WILLIAM	NAME	
STREET ADDRESS	5543 PINE ST. P.O. BOX 33	STREET ADDRESS	
CITY-ST-ZIP	TANGERINE FL 32777	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Diana Symonds Diana Symonds 4-25-07 407-889-7330
Signature and typed or printed name of signing officer or director Date Daytime Phone #