


**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

<b>DOCUMENT # 705614</b>			
1. Entity Name <b>THE TANGERINE COMMUNITY CHURCH, INC.</b>			
Principal Place of Business <b>7141 WRIGHT AVE TANGERINE FL 32777</b>		Mailing Address <b>P.O. BOX 281 TANGERINE FL 32777</b>	
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 <b>59-2813841</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NOSTRAND, VIVIAN S. 101 N. GRANDVIEW #110 MOUNT DORA FL 32757</b>		7. Name and Address of New Registered Agent	
		Name <b>Diana Symonds</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>4013 Myrtle Oak Ct</b>	
		City <b>Zellwood</b>	FL Zip Code <b>32798</b>

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DYER, JAMES</b> <b>5000 FRANKLIN ROAD</b> <b>MOUNT DORA FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Vivian S Nostrand</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>101 N. Grandview #110</b> <b>Mt Dora FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VANDBERG, ANTHONY</b> <b>7072 EARLWOOD AVE. POB 314</b> <b>TANGERINE FL 32777</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Diana Symonds</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4013 Myrtle Oak Ct</b> <b>Zellwood FL 32798</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NOSTRAND, VIVIAN</b> <b>101 N GRANDVIEW # 110</b> <b>MOUNT DORA FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Janet Jamieson</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6932 Sonny Lane</b> <b>Mt Dora FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KRAMER, BEVERLY</b> <b>2116 WAX MYRTLE DR</b> <b>ZELLWOOD FL 32798</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peter Mac Donald</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1726</b> <b>Mt Dora FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CROWELL, DOROTHY</b> <b>2667 LAKE GRASSMERE CIR</b> <b>ZELLWOOD FL 32798</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARKE, WILLIAM</b> <b>5543 PINE ST. P.O. BOX 33</b> <b>TANGERINE FL 32777</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #