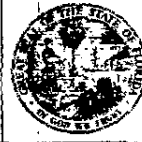


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 707510
1. Entity Name
LAKE SHERWOOD ORTHODOX PRESBYTERIAN CHURCH, INC.



Principal Place of Business Mailing Address
8200 BALBOA DR. ORLANDO FL 32818-5774 **8200 BALBOA DR. ORLANDO FL 32818-5774**



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 (10/05)
4. FEI Number **59-1586492** Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PHILLIPS, TIMOTHY C
8200 BALBOA DR
ORLANDO FL 32818

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 applicable) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, TIMOTHY C 6736 STATE ROAD 535 WINDEMERE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add UN0000459870 03/18/06-80042-013 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLICK, TODD 324 TRANCAS CT OCOE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, WILLIAM M 2404 SHIRT LEAF CT ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, RYAN 5986 WESTGATE DR, APT 102 ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, JOEL B 8612 PARK HIGHLAND DR ORLANDO FL 32818	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COULTER, ANDREW B 5736 SPRINGMONTE CT ORLANDO FL 32810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 officers empowered.