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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **712201** **(3)**

1. Corporation Name

CHURCH OF CHRIST OF WEST ORANGE, INC.

Principal Place of Business	Mailing Address
1230 S. DANIELS ROAD P.O. BOX 771012 WINTER GARDEN FL 34787-4325 US	1230 S. DANIELS ROAD P.O. BOX 771012 WINTER GARDEN FL 34777-1012 US

3. Date Incorporated or Qualified: 02/03/1967
3a. Date of Last Report: 06/13/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1520329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUTTRAM, JIM
1734 NITA PL.
CLERMONT FL 34787

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, DOYLE		1.2 NAME	
STREET ADDRESS	4808 ROCK SPRINGS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 00000		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL		2.2 NAME	
STREET ADDRESS	3725 ROSE OF SHARON		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	PTD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUTTRAM, JIM		3.2 NAME	
STREET ADDRESS	1734 NITA PL.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BARTON, FOY		4.2 NAME	
STREET ADDRESS	12508 SUMMERPORT BCH WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL		4.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PRUITT, HERB		5.2 NAME	
STREET ADDRESS	282 MILEHAM DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CLIBURN, MIKE		6.2 NAME	
STREET ADDRESS	7214 CHESTERHILL DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Doyle Whitehead 4/7/97 (407) 656-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070468