

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90120 006 ****61.25

0073967

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712201

1. Corporation Name

CHURCH OF CHRIST OF WEST ORANGE, INC.

Principal Place of Business

1230 S. DANIELS ROAD
P.O. BOX 771012
WINTER GARDEN FL 34787-4325
US

Mailing Address

1230 S. DANIELS ROAD
P.O. BOX 771012
WINTER GARDEN FL 34777-1012
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

02/03/1967

22

City & State

27

City & State

4. FEI Number

59-1520329

Applied For
Not Applicable

23

Zip

Country

28

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

24

Zip

Country

29

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTTRAM, JIM
1734 NITA PL.
CLERMONT FL 34787

81 Name

DONALD E. BOLLINGER

82 Street Address (P.O. Box Number is Not Acceptable)

1318 WESTON WOODS BOULEVARD

83

84 City

ORLANDO

FL

85

Zip Code
32818

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

Donald E. Bollinger
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-24-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WHITE, DOYLE
STREET ADDRESS 4808 ROCK SPRINGS RD
CITY-ST-ZIP APOPKA, FL 00000

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME JOHNSON, MICHAEL
STREET ADDRESS 3725 ROSE OF SHARON
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE PTD ☒ DELETE
NAME BUTTRAM, JIM
STREET ADDRESS 1734 NITA PL.
CITY-ST-ZIP CLERMONT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE D ☐ DELETE
NAME BARTON, FOY
STREET ADDRESS 12508 SUMMERPORT BCH WAY
CITY-ST-ZIP WINDERMERE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS ☐ DELETE
NAME PRUITT, HERB
STREET ADDRESS 282 MILEHAM DR.
CITY-ST-ZIP ORLANDO, FL 00000

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☒ DELETE
NAME CLIBURN, MIKE
STREET ADDRESS 7214 CHESTERHILL DRIVE
CITY-ST-ZIP MT DORA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Donald E. Bollinger

SIGNATURE *Donald E. Bollinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

(407) 656-2770
Daytime Phone #

CR2E037 (1/98)