


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90274 001 ****61.25

DOCUMENT # 713279 1. Entity Name OCOEE CHRISTIAN CHURCH, INC.					
Principal Place of Business BLUFORD & MAGNOLIA BOX 128 P.O. BOX 128 OCOEE, FL 34761			Mailing Address BLUFORD & MAGNOLIA BOX 128 P.O. BOX 128 OCOEE, FL 34761		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-0838985				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATTAGLIA, MARK 9224 NEW ORLEANS 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEEKS, GERALD		NAME		
STREET ADDRESS	103 REESE CR		STREET ADDRESS		
CITY - ST - ZIP	OCOEE, FL		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYLE, ROBERT		NAME		
STREET ADDRESS	510 WEST AVE		STREET ADDRESS		
CITY - ST - ZIP	OCOEE, FL		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, WAYNE		NAME		
STREET ADDRESS	36 JUNELLAN		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP		
TITLE	T		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEBBINS, REBECCA		NAME	GRABER, RAY	
STREET ADDRESS	16907 DEER ISLAND RD		STREET ADDRESS	365 GROVE COURT	
CITY - ST - ZIP	TAVARES, FL 32778		CITY - ST - ZIP	WINTER GARDEN, FL 34787	
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATTAGLIA, MARK		NAME		
STREET ADDRESS	9224 NEW ORLEANS DR		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32818		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAFTON, RUTH		NAME		
STREET ADDRESS	25 SEVENTH ST		STREET ADDRESS		
CITY - ST - ZIP	OCOEE, FL 34761		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i> RAY Graber - TREASURER 1/10/6 863-965-7733					