


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90091 006 \*\*\*\*61.25

<b>DOCUMENT #715176</b> 1. Entity Name <b>CHRIST CHURCH, UNITY, OF ORLANDO, FLORIDA</b>					
Principal Place of Business <b>771 HOLDEN AVE ORLANDO, FL 32839 US</b>			Mailing Address <b>771 HOLDEN AVE ORLANDO, FL 32839 US</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	05032007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LAWSON, DENNIS 771 HOLDEN AVE ORLANDO, FL 32839</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, DENNIS		NAME	Bennett, Gwen	
STREET ADDRESS	771 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAZMINO, MARCOS		NAME	Morden, M. Forbes	
STREET ADDRESS	771 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVEZ-MOORES, ANNAMARIA		NAME	Bidingier, Lorena	
STREET ADDRESS	771 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, DON		NAME	Barton, Don	
STREET ADDRESS	771 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADGLEY, JEFF		NAME	Lynn Owens	
STREET ADDRESS	771 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, HEIDI		NAME	McIntyre, Heidi	
STREET ADDRESS	7714 HOLDEN AVE		STREET ADDRESS	771 Holden Ave.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: _____			M. Forbes Morden, Treasurer Date: 05/03/2007 Daytime Phone: 407/4730100		