

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **722080** (9)

1. Corporation Name

CIRCLE COMMUNITY CHURCH, INC.



Principal Place of Business

Mailing Address

**3300 EDGEWATER DR.
ORLANDO FL 32804**

**3300 EDGEWATER DR.
ORLANDO FL 32804**

3. Date Incorporated or Qualified
11/11/1971

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **3545 Lk Breeze Rd**

26 **3545 Lk Breeze Rd**

4. FEI Number
23-7168662

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

Orlando, FL

28 City & State

Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip **32808-3028**

Country

29 Zip **32808-3028**

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEZE, REX I.
3300 EDGEWATER DR.
ORLANDO, FL
32804**

81 Name **Ron Hoffmann**

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

84 City **Longwood**

85 Zip Code **FL 32779**

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

Ron Hoffmann

Ron Hoffmann

4/15/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **LISECH, HOWARD**
STREET ADDRESS **2100 RED GATE RD.**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **PD** ☐ DELETE
NAME **ROBINSON, RICHARD**
STREET ADDRESS **219 FLAME AVENUE**
CITY-ST-ZIP **MAITLAND FL**

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

TITLE **D** ☐ DELETE
NAME **HOFFMANN, P. R III**
STREET ADDRESS **206 BRIAR CLIFF**
CITY-ST-ZIP **LONGWOOD FL**

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

TITLE **TD** ☐ DELETE
NAME **BERG, JEFFREY**
STREET ADDRESS **7335 COOK LANE**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **SD** ☐ DELETE
NAME **JOHNSON, JESSE**
STREET ADDRESS **2504 RECTOR AVENUE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard Robinson

Richard Robinson

4/15/96

(407) 522-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)