


FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722080** (9)

1. Corporation Name

CIRCLE COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

3545 LAKE BREEZE ROAD  
ORLANDO FL 32808-3028  
US3545 LAKE BREEZE ROAD  
ORLANDO FL 32808-3028  
US3. Date Incorporated or Qualified  
**11/11/1971**3a. Date of Last Report  
**04/22/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

**23-7168662**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. 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

HOFFMANN, RON  
~~206 BRIARCLIFF~~  
~~LONGWOOD FL 32779~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1273 Cardinal Ct**

83

84 City

**Altamonte Springs****FL**

85 Zip Code

**32714**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

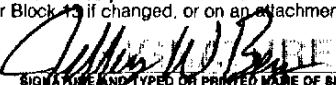
TITLE ~~VD~~ ☐ DELETENAME  
LISECH, HOWARD  
STREET ADDRESS  
2100 RED GATE RD.  
CITY-ST-ZIP  
ORLANDO FLTITLE ~~PD~~ ☒ DELETENAME  
ROBINSON, RICHARD  
STREET ADDRESS  
219 FLAME AVENUE  
CITY-ST-ZIP  
MATLAND FLTITLE ~~D~~ ☐ DELETENAME  
HOFFMANN, P. R III  
STREET ADDRESS  
~~206 BRIAR CLIFF~~  
CITY-ST-ZIP  
~~LONGWOOD FL~~TITLE ~~TD~~ ☐ DELETENAME  
BERG, JEFFREY  
STREET ADDRESS  
7335 COOK LANE  
CITY-ST-ZIP  
WINTER PARK FLTITLE ~~SD~~ ☐ DELETENAME  
JOHNSON, JESSE  
STREET ADDRESS  
2504 RECTOR AVENUE  
CITY-ST-ZIP  
ORLANDO FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~PD~~ ☒ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**1273 Cardinal Ct**  
**Altamonte Springs, FL 32714**4.1 TITLE ☒ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**STD**5.1 TITLE ☒ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**VD**6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:


**JEFFREY W. Berg**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97 (407) 522-9500

Date

Daytime Phone # 0016900

CR2E037 (9/96)