

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90018 034 ****61.25

DOCUMENT # 722080

1. Entity Name

CIRCLE COMMUNITY CHURCH, INC.



Principal Place of Business

2200 PEMBROOK DR
ORLANDO FL 32810
US

Mailing Address

2200 PEMBROOK DR
ORLANDO FL 32810
US



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-7168662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISECH, HOWARD D
2200 PEMBROOK DR.
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name Gordon Gable

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

2075 Hunterfield Rd

City Maitland FL

FL 32751

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

Gordon Gable

2-2-2008

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LISECH, HOWARD	
STREET ADDRESS	2100 RED GATE RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMANN, RON	
STREET ADDRESS	1273 CARDINAL CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BERG, JEFFREY	
STREET ADDRESS	7335 COOK LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, PHILLIP	
STREET ADDRESS	808 GRANDVIEW AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN VLIET, E. DEAN	
STREET ADDRESS	716 PANAMA PL	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABLE, GORDON	
STREET ADDRESS	2075 HUNTERFIELD RD	
CITY-ST-ZIP	MAITLAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Elder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lloyd Halladay	
STREET ADDRESS	629 Mayfair Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	Elder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Walter	
STREET ADDRESS	814 Point Pleasant Place	
CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gordon Gable

2-2-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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