2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 722080

Entity Name: CIRCLE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

2200 PEMBROOK DR
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

2200 PEMBROOK DR
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 23-7168662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GABLE, GORDON
2075 HUNTERFIELD RD
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	E	( ) Delete
Name:	HALLADAY, LLOYD	
Address:	629 MAYFAIR DRIVE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	HOFFMANN, RON	
Address:	1273 CARDINAL CT	
City-St-Zip:	ALTAMONTE SPRINGS, FL	
Title:	STD	( ) Delete
Name:	BERG, JEFFREY	
Address:	7335 COOK LANE	
City-St-Zip:	WINTER PARK, FL	
Title:	D	( ) Delete
Name:	ROBERTSON, PHILLIP	
Address:	808 GRANDVIEW AVENUE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	E	( ) Delete
Name:	WALTER, SCOTT	
Address:	814 POINT PLEASANT PLACE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	D	( ) Delete
Name:	GABLE, GORDON	
Address:	2075 HUNTERFIELD RD	
City-St-Zip:	MAITLAND, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GORDON GABLE D 01/23/2009
Electronic Signature of Signing Officer or Director — Date