

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 027 \*\*\*\*61.25

<b>DOCUMENT # 723798</b> 1. Entity Name <b>ORANGE SPRINGS COMMUNITY CHURCH, INCORPORATED</b>					
Principal Place of Business <b>24345 NE COUNTY ROAD 315</b> <b>ORANGE SPRINGS, FL 32182 US</b>				Mailing Address <b>P.O. BOX 211</b> <b>ORANGE SPRINGS, FL 32182 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7271057</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LUMM, JO ANN</b> <b>197 INDIAN LAKES RD</b> <b>HAWTHORNE, FL 32640</b>				Name <b>Robbie BAIRD</b> Street Address (P.O. Box Number is Not Acceptable) <b>33031 N.E. 112 CT RD.</b> City <b>ORANGE SPRINGS FL</b> Zip Code <b>32182</b>	
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 <i>Robbie Baird</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>08/06/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MURRAY, ANNA</b>	NAME			
STREET ADDRESS	<b>13350 NE 129TH LN RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE SPRINGS, FL 32182</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BENSON, BERTHA</b>	NAME	<b>T JOAN CROOP</b>		
STREET ADDRESS	<b>131 LAKE SUSAN RD</b>	STREET ADDRESS	<b>22251 N.E. 107TH CT</b>		
CITY-ST-ZIP	<b>HAWTHORNE, FL 32640</b>	CITY-ST-ZIP	<b>ORANGE SPRINGS FL 32182</b>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BALTZAGLER, CHRISTINE</b>	NAME			
STREET ADDRESS	<b>23295 NE 112TH AVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE SPRINGS, FL 32182</b>	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LUMM, JOANN</b>	NAME			
STREET ADDRESS	<b>197 INDIAN LAKES RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>HAWTHORNE, FL 32640</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LANE, WESLEY</b>	NAME			
STREET ADDRESS	<b>22430 NE 108TH AVE RD</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORANGE SPRINGS, FL 32182</b>	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FRAYSIER, BETTY</b>	NAME			
STREET ADDRESS	<b>21850 HWY 315</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>FORT MC COY, FL 32134</b>	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Robbie Baird</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>8-6-06</b> <small>Daytime Phone #</small>	