

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723798

FILED
Jan 09, 2009
Secretary of State

Entity Name: ORANGE SPRINGS COMMUNITY CHURCH, INCORPORATED

Current Principal Place of Business:

24345 NE COUNTY ROAD 315
ORANGE SPRINGS, FL 32182 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 211
ORANGE SPRINGS, FL 32182 US

New Mailing Address:

FEI Number: 23-7271057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIRD, ROBBIE
23031 NE 112TH CT RD
ORANGE SPRINGS, FL 32182 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: TR () Delete
Name: MURRAY, ANNA
Address: 13350 NE 129TH LN RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: T () Delete
Name: CROOP, JOAN
Address: 22251 NE 107TH CT
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: S () Delete
Name: BALTZGLER, CHRISTINE
Address: 23295 NE 112TH AVE
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: P () Delete
Name: LUMM, JOANN
Address: 197 INDIAN LAKES RD.
City-St-Zip: HAWTHORNE, FL 32640

Title: VP () Delete
Name: LANE, WESLEY
Address: 22430 NE 108TH AVE RD
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: T () Delete
Name: FRAYSIER, BETTY
Address: 21850 HWY 315
City-St-Zip: FORT MC COY, FL 32134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: UHLER, WANDA
Address: 23363 NE110 AVE
City-St-Zip: ORANGE SPRINGS, FL 32182

Title: TR (X) Change () Addition
Name: LUMM, JOANN
Address: 197 INDIAN LAKES RD.
City-St-Zip: HAWTHORNE, FL 32640

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: ROBBIE BAIRD

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date