

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL-REPORT (AR)

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90001 010 \*\*\*\*61.25

<b>DOCUMENT # 726050</b>	
1. Entity Name <b>WEST ORANGE CHRISTIAN CHURCH INC</b>	

Principal Place of Business <b>7325 CONROY-WINDERMERE ROAD ORLANDO FL 32835-2754</b>	Mailing Address <b>7325 CONROY-WINDERMERE ROAD ORLANDO FL 32835-2754</b>
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2. Principal Place of Business <b>Church West Orange Christian</b>	3. Mailing Address <b>7325 Conroy-Windermere</b>
Suite, Apt. #, etc. <b>R.d. 7325 Conroy-Windermere</b>	Suite, Apt. #, etc. <b>Orlando, Fl. 32835</b>

2nd MOORE CR2E037 (4/06)

City & State <b>Orlando, Fl. 32835</b>	City & State
Zip <b>32835</b>	Country <b>Orange</b>

4. FEI Number <b>59-6557253</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
<b>TURK, JOHN 116 RIDGEWAY BLVD DELAND FL 32724</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>Archie Johnson</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4130 Equestrian Lane</b>
City <b>Windermere, Fl. 34786</b>
FL Zip Code

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>Archie Johnson</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

<b>FILE NOW: FEE IS \$61.25 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>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHNSON, ARCHIE 4130 EUQUESTIAN LANE WINDERMERE FL 34786 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR TURK, JOHN 116 RIDGEWAY BLVD DELAND FL 32724 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JOHNSON, STAN 11672 JUREANE DRIVE ORLANDO FL 32836 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Tr. David Jordan 1190 Meadowfinch Dr. Winter Garden, Fl. 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: <i>Archie Johnson</i>	ARCHIBOLD E JOHNSON	Aug 6 2006
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