

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737399

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** ORANGEWOOD PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

875 CONCOURSE PARKWAY SOUTH  
SUITE 220  
MAITLAND, FL 32751

**New Principal Place of Business:**

1300 W MAITLAND BLVD  
MAITLAND, FL 32751

**Current Mailing Address:**

875 CONCOURSE PARKWAY SOUTH  
SUITE 220  
MAITLAND, FL 32751

**New Mailing Address:**

1300 W MAITLAND BLVD  
MAITLAND, FL 32751

**FEI Number:** 59-1904118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLZHAUER, GREGORY L.  
101 PINENEEDLE LN  
ALTAMONTE SPRINGS, FL 32714 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: PD ( ) Delete  
Name: GAMMICHIA, JOHN  
Address: 100 PINEAPPLE LN.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: ROLLASON, RICHARD  
Address: 105 PINE NEEDLE LN.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete  
Name: CARDINALI, JEFFREY  
Address: 821 GLEN ARDEN WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DUHAIME, ROSS  
Address: 309 WESTCHESTER DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD (X) Change ( ) Addition  
Name: WILSON, GARY  
Address: 2032 CHIPPEWA TRL  
City-St-Zip: MAITLAND, FL 32751

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: GARY WILSON

SD

02/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date