


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90982 012 ****70.00

DOCUMENT # 745219							
1. Entity Name ORLANDO CHURCH OF CHRIST, INC.							
Principal Place of Business 214 N GOLDENROD RD #11 ORLANDO, FL 32807 US			Mailing Address 214 N GOLDENROD RD #11 ORLANDO, FL 32807 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
				03122005 Chg-NP CR2E037 (10/03)			
				4. FEI Number 59-1877075			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CRITES, KATHY 214 N GOLDENROD RD #11 ORLANDO, FL 32807			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MATCOX, BARRY	NAME	Mattox, Barry				
STREET ADDRESS	214 N GOLDENROD STE 11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STEPHENSON, SAMUEL	NAME					
STREET ADDRESS	214 N GOLDENROD RD STE 11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
TITLE	SCFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MAHFORD, BARRY	NAME					
STREET ADDRESS	214 N GOLDENROD RD STE 11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FRANCIS, EDDIE MAC	NAME					
STREET ADDRESS	214 N GOLDENROD RD #11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MORRIS, MIKE	NAME					
STREET ADDRESS	214 N GOLDERROD RD #11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HULL, ALEX	NAME					
STREET ADDRESS	214 N GOLDERROD RD STE 11	STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32807	CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date: 4/28/05		Daytime Phone #: (407) 923-9483		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							