

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 753557**

1. Entity Name  
**CHURCH OF CHRIST AT 215 NORTH WESTMORELAND  
DRIVE, ORLANDO, FLORIDA INCORPORATED**



Principal Place of Business  
**215 N. WESTMORELAND DR.  
ORLANDO, FL 32805**

Mailing Address  
**215 N. WESTMORELAND DR.  
ORLANDO, FL 32805**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ADAMS, LEROY  
215 NORTH WESTMORELAND DRIVE  
ORLANDO, FL 32805**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ADAMS, LEROY**  
STREET ADDRESS **2404 MONTE CARLO TRAIL**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☒ Delete  
NAME **THORNTON, FRED**  
STREET ADDRESS **3250 W CHURCH ST.**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete  
NAME **MACON, JAMES**  
STREET ADDRESS **8561 WHITE ROSE DR.**  
CITY-ST-ZIP **ORLANDO, FL**

TITLE **D** ☐ Delete  
NAME **AMMONS, DARRYL**  
STREET ADDRESS **1402 CARRIAGE OAK CT**  
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **Joe P. McFarland, Jr.** ☐ Delete  
NAME **2111 Belafonte Ln**  
STREET ADDRESS **Orlando, FL 32811**  
CITY-ST-ZIP **32811**

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME **700109894927**  
STREET ADDRESS **09/25/07--01034--017 \*\*61.25**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **700109894927**  
STREET ADDRESS **10/25/07--01040--013 \*\*183.75**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **\$10/26**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **Secretary**  
STREET ADDRESS **Joe P. McFarland, Jr.**  
CITY-ST-ZIP **2111 Belafonte Ln.**  
**Orlando, FL 32811**

TITLE ☐ Change ☒ Addition  
NAME **Joe P. McFarland, Jr.**  
STREET ADDRESS **2111 Belafonte Ln.**  
CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 OCT 25 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

07062

12/06

07

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**