


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 757327	
1. Entity Name CHRIST THE KING EPISCOPAL CHURCH, INC.	

Principal Place of Business	Mailing Address
26 WILLOW DRIVE ORLANDO, FL 32807	26 WILLOW DRIVE ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0791009	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 CLIFTON, STEPHEN G 26 WILLOW DR ORLANDO, FL 32807	DO NOT WRITE IN THIS SPACE
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 May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OGLE, KATHY 1819 WINDER OAK DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROBERTS, PATRICIA K 35 WILLOW DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLIFTON, STEPHEN G 26 WILLOW DRIVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SCHOOMAKER, RONALD 713 KAYWOOD DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/15/05-80038-022 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/10/05** **407.277.1151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #