

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 033 ****70.00

DOCUMENT # 757327 1. Entity Name CHRIST THE KING EPISCOPAL CHURCH, INC.																																																																																																																													
Principal Place of Business 26 WILLOW DRIVE ORLANDO, FL 32807			Mailing Address 26 WILLOW DRIVE ORLANDO, FL 32807																																																																																																																										
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 CLIFTON, STEPHEN G 26 WILLOW DR ORLANDO, FL 32807				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">T</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OGLE, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1819 WINDER OAK DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>APOPKA, FL 32703</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DONALDSON, DEBORAH E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4326 TOMLINSON CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32829</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CLIFTON, STEPHEN G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>26 WILLOW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32807</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAMBLIN, CAROL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3930 S PT DR, # 211</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32822</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">MD</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Rich Evans</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3513 Exeter Ct.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32812</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	OGLE, KATHY		STREET ADDRESS	1819 WINDER OAK DR.		CITY-ST-ZIP	APOPKA, FL 32703		TITLE	SD	<input type="checkbox"/> Delete	NAME	DONALDSON, DEBORAH E		STREET ADDRESS	4326 TOMLINSON CIR		CITY-ST-ZIP	ORLANDO, FL 32829		TITLE	PD	<input type="checkbox"/> Delete	NAME	CLIFTON, STEPHEN G		STREET ADDRESS	26 WILLOW DRIVE		CITY-ST-ZIP	ORLANDO, FL 32807		TITLE	MD	<input checked="" type="checkbox"/> Delete	NAME	HAMBLIN, CAROL		STREET ADDRESS	3930 S PT DR, # 211		CITY-ST-ZIP	ORLANDO, FL 32822		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Rich Evans		STREET ADDRESS	3513 Exeter Ct.		CITY-ST-ZIP	Orlando, FL 32812		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	OGLE, KATHY																																																																																																																												
STREET ADDRESS	1819 WINDER OAK DR.																																																																																																																												
CITY-ST-ZIP	APOPKA, FL 32703																																																																																																																												
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																											
NAME	DONALDSON, DEBORAH E																																																																																																																												
STREET ADDRESS	4326 TOMLINSON CIR																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32829																																																																																																																												
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																											
NAME	CLIFTON, STEPHEN G																																																																																																																												
STREET ADDRESS	26 WILLOW DRIVE																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32807																																																																																																																												
TITLE	MD	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	HAMBLIN, CAROL																																																																																																																												
STREET ADDRESS	3930 S PT DR, # 211																																																																																																																												
CITY-ST-ZIP	ORLANDO, FL 32822																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME	Rich Evans																																																																																																																												
STREET ADDRESS	3513 Exeter Ct.																																																																																																																												
CITY-ST-ZIP	Orlando, FL 32812																																																																																																																												
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Deborah E. Donaldson</u> Deborah E. Donaldson <u>2/20/07</u> <u>(407) 277-1151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													