

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # 760543	
1. Entity Name CHURCH OF CHRIST OF WEST ORLANDO, INC.	
Principal Place of Business 1825 N. MERCY DRIVE ORLANDO, FL 32808	Mailing Address 1825 N. MERCY DRIVE ORLANDO, FL 32808



03302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1947742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORR, CHARLES M SR 6305 MOORE ST ORLANDO, FL 32818	DO NOT WRITE IN THIS SPACE
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000689616 04/11/07-80042-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, CHARLES E 6305 MOORE ST ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORTSON, GEORGE 4585 CASSIUS STREET ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARD, ROGER I 1161 CENTER GROVE STREET ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, TITUS 2970 N. PINE HILLS RD #F47 ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ROGER I WARD **31 MARCH 07 407-298-8595**

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