

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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



01262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1947742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000894894
04/24/08-80046-011-61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORR, CHARLES E
STREET ADDRESS	6305 MOORE ST
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	VPD
NAME	FORTSON, GEORGE
STREET ADDRESS	4585 CASSIUS STREET
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SD
NAME	WARD, ROGER I
STREET ADDRESS	1161 CENTER GROVE STREET
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	TD
NAME	KING, TITUS
STREET ADDRESS	2970 N. PINE HILLS RD #F47
CITY-ST-ZIP	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-08

Date

407 2988595

Daytime Phone #