

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90036 015 ****61.25

DOCUMENT # 760654

1. Entity Name
CENTRAL FLORIDA DRIVE-IN WORSHIP SERVICE, INC.



Principal Place of Business
**250 SW IVANHOE BLVD.
ORLANDO, FL 32804 US**

Mailing Address
**250 SW IVANHOE BLVD.
ORLANDO, FL 32804 US**

50009914



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0668472	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, CHARLES E.
250 SW IVANHOE BLVD.
ORLANDO, FL 32804**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TDC
NAME	WEST, RAY
STREET ADDRESS	2443 E. JERSEY STREET
CITY - ST - ZIP	ORLANDO, FL

TITLE	SD
NAME	NEWTON, DONALD
STREET ADDRESS	621 VIA MILANO CIR
CITY - ST - ZIP	APOPKA, FL

TITLE	D
NAME	DAVIS, CHARLES EVANS
STREET ADDRESS	5423 KENMORE LANE
CITY - ST - ZIP	ORLANDO, FL 32839

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Donald R. Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/06

Date

407-425-6611

Daytime Phone #