

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761978

FILED  
Jan 24, 2006  
Secretary of State

Entity Name: MISSIONARY CHURCH FLORIDA DISTRICT INC.

**Current Principal Place of Business:**

304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

<UNUSED>  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 31-1018785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROTHER, MAX  
304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: STROTHER, MAX W D  
Address: 304 MONTICELLO DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D      ( ) Delete  
Name: LINHART, BRUCE D  
Address: 1723 HOMESTEAD  
City-St-Zip: SEBRING, FL 33870

Title: S      ( ) Delete  
Name: CATE, GLENN  
Address: 405 MERYDITH WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T      ( ) Delete  
Name: HUNT, JONATHAN T  
Address: 559 TERRANOVA CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX STROTHER

DC

01/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date