

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

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90182 002 \*\*\*\*61.25

**DOCUMENT # 766053**

1. Entity Name  
ORLANDO COMMUNITY CHURCH, INC.



Principal Place of Business  
816 BROADWAY AVENUE  
ORLANDO, FL 32803

Mailing Address  
816 BROADWAY AVENUE  
ORLANDO, FL 32803

40061010



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2229962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLBROOK, DAVID L  
3117 EDGEWATER DR  
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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME UNGARO, DON  
STREET ADDRESS 1731 OAKMONT LANE  
CITY - ST - ZIP ORLANDO, FL

TITLE TD  
NAME ~~ROGERS, BEVERLEY A~~ WOLFF, FRANK  
STREET ADDRESS 221 OAK PARK PLACE 9652 Woodmont PL  
CITY - ST - ZIP CASSELBERRY, FL 32707 WINDERMERE, FL  
34786

TITLE D  
NAME ROGERS, BOB  
STREET ADDRESS 221 OAK PARK PL  
CITY - ST - ZIP CASSELBERRY, FL 32707

TITLE D  
NAME CHRISTIANSEN, JOHN  
STREET ADDRESS 1314 GOLFVIEW  
CITY - ST - ZIP ORLANDO, FL 32804

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:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

Date

407 6951516

Daytime Phone #