

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


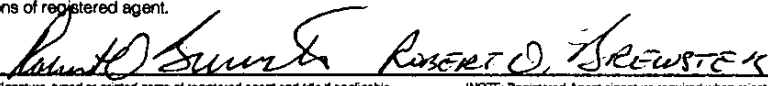
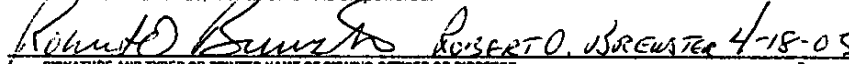
FILED
Apr 22, 2005 8:00 am
Secretary of State

03-03-2005 90181 015 ****61.25

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02152005 Chg-NP CR2E037 (10/03)

DOCUMENT # 769270			
1. Entity Name THE PORT ORANGE UNITED CHURCH OF CHRIST, PORT ORANGE, FLORIDA, INC.			
Principal Place of Business 651 TAYLOR ROAD PORT ORANGE, FL 32127		Mailing Address 651 TAYLOR ROAD PORT ORANGE, FL 32127	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2055102		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		7. Name and Address of New Registered Agent	
SCHAFFER, BEVERLY B - 53 RAINS COURT PORT ORANGE, FL 32127		Name BREWSTER - ROBERT Street Address (P.O. Box Number is Not Acceptable) 1648 TAYLOR ROAD City PORT ORANGE, FL Zip Code 32127	
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 		ROBERTO O. BREWSTER 4-18-05 DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAITHER, JACKIE 216 DEVON STREET PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HILGENBURG, JACK 3 OCEANS WEST BLVD APT 2 D7 DAYTONA BEACH SHORES, FL 32118 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDONALD, MARY 111 STRATFORD S. AVE. PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCHAFFER, TIM 53 RAINS COURT PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCD HOLBN, TIM 3441 COUNTRY MANOR DR. SOUTH DAYTONA, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		ROBERTO O. BREWSTER 4-18-05 386-341-0423 Date Daytime Phone #	