
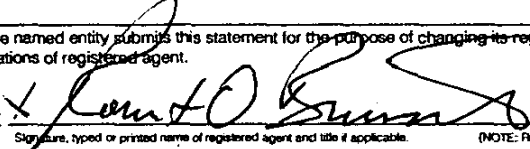
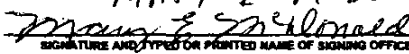


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 005 ****61.25

| | | | |
|--|---|---|---|
| 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 | |
| BREWSTER, ROBERT 1648 TAYLOR ROAD PORT ORANGE, FL 32127 | | Robert Brewster 918 Reed Canal Road, #117 South Daytona, FL 32119 | |
| Name | | Name | |
| Street | | Street | |
| City | | City | |
| 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. | | ip Code 321 | |
| SIGNATURE:  | | DATE: 7-17-06 | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 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 | GAITHER, JACKIE 1221 TRACY DR. PORT ORANGE, FL 32129 <input checked="" 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TCD HOLBY, TIM 3441 COUNTRY MANOR DR. SOUTH DAYTONA, FL 32129 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HOLBY, TIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HILGENBURG, JACK 3 OCEANS WEST BLVD., APT. 207 DAYTONA BEACH SHORES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 | TCD SCHAFER, TIM 53 RAINS COURT PONCE INLET, FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Ponce Inlet <input checked="" 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 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: MARY E MCDONALD  | | Date: July 17, 2006 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |