
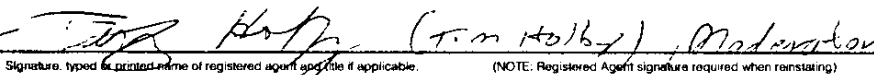
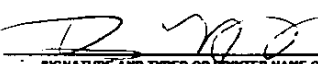


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90032 017 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2055102	
				Applied For 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 918 REED CANAL ROAD #117 SOUTH DAYTONA, FL 32119			Name HOLBY, TIM		
			Street Address (P.O. Box Number is Not Acceptable) 3441 COUNTRY MANOR DR		
			City SOUTH DAYTONA		
			State FL		Zip Code 32129
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 		(Tim Holby), Moderator		DATE 7-19-07	
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 September 14, 2007		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	SD	<input type="checkbox"/> Delete	TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAITHER, JACKIE		NAME	Wheeler, Bill	
STREET ADDRESS	1221 TRACY DR.		STREET ADDRESS	416 Laurie Ave	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	T	<input type="checkbox"/> Delete	TITLE	C/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, MARY		NAME	Thompson, Joe	
STREET ADDRESS	111 STRATFORD S. AVE.		STREET ADDRESS	5563 Lancewood Cir. S.	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	TCD	<input type="checkbox"/> Delete	TITLE	VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLBY, TIM		NAME	Brewster, Robert	
STREET ADDRESS	3441 COUNTRY MANOR DR.		STREET ADDRESS	918 Reed Canal Rd	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32129		CITY-ST-ZIP	SOUTH DAYTONA, FL, 32119	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILGENBURG, JACK		NAME		
STREET ADDRESS	3 OCEANS WEST BLVD, APT 2-D7		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP		
TITLE	TCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, TIM		NAME		
STREET ADDRESS	53 RAINS COURT		STREET ADDRESS		
CITY-ST-ZIP	PONCE INLET, FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Tim Holby, Mod.		DATE: 7-19-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 386-761-2428	