2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #769270

1. Entity Name
THE PORT ORANGE UNITED CHURCH OF CHRIST



FILED

Mar 13, 2008 8:00 am Secretary of State 03-13-2008 90040 047 ****61.25

	RANGE, FLORIDA, INC.	on on on							
Principal Place of Business 651 TAYLOR ROAD PORT ORANGE, FL 32127 Mailing Address 651 TAYLOR ROAD PORT ORANGE, FL 32127				40044					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								011 10	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01092008 CI	ng-NP CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-205510	2		plied For ot Applicable	
Zip	Country	Zip	p Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent	Mama		7. Name and Add	ress of New Registered	Agent		
HOLBY, TIM				Name					
	NTRY MANOR DR AYTONA, FL 32129		Street Address ((P.O. Box Number is Not Acceptable)			
			City			Fl	Zip Code	e	
The above named entity submits this statement for the purpose of changing its register				registere	ed agent, or both, in			and accept	
	tions of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent agent and tale if applicable.) (NOTE: Registered Agent agent and tale if applicable.)									
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution.									
	<u> </u>				\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to		
10.	<u> </u>	Trust Fund Cor			Added to Fees		rtment of St	tate	
10.	OFFICERS AND DIF	Trust Fund Cor	ntribution.		Added to Fees	Florida Depa	rtment of St	tate	
TITLE NAME	OFFICERS AND DIF	Trust Fund Con	ntribution. 11. IIILE NAME	^	Added to Fees	Florida Depa	IRECTORS IN	10 Addition	
TITLE	OFFICERS AND DIF	Trust Fund Con	ntribution. 11. TITLE	□ The	Added to Fees	Florida Depa ES TO OFFICERS AND D	IRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS	OFFICERS AND DIE SD GAITHER, JACKIE 1221 TRACY DR. PORT-ORANGE, FL 32129 T	Trust Fund Con	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	□ The	Added to Fees ADDITIONS/CHANG	Florida Depa ES TO OFFICERS AND D	IRECTORS IN	10 Addition	
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12. Thereby 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: