

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90156 042 \*\*\*\*70.00

40004000



04252006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-2358786

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CROMWELL, REV ROY DUANE  
16115 FOUR LAKES LANE  
MONTVERDE, FL 34756

## 7. Name and Address of New Registered Agent

Name REV. JEFF CROMWELL  
Street Address (P.O. Box Number is Not Acceptable)  
8111 CLARCONA OCOEE RD  
City ORLANDO FL 32818

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 Jeff Cromwell JEFF CROMWELL 4-24-06  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CROMWELL, REV. ROY DUANE	
STREET ADDRESS	16115 FOUR LAKES LN	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LONG, WEAVER	
STREET ADDRESS	1270 ORANGE ST	
CITY-ST-ZIP	APOPKA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUGUSTIN, DIENEATE	
STREET ADDRESS	4790 MUIR VILLAGE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRYWICK, SCOTT	
STREET ADDRESS	232 VALLEY EDGE DR	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, HERBERT	
STREET ADDRESS	6313 GAMBLE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REV. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF CROMWELL	
STREET ADDRESS	8111 CLARCONA OCOEE RD.	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Ramlackhans	
STREET ADDRESS	470 REGAL DOWNS CIR	
CITY-ST-ZIP	WINTER GARDEN, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06

407-299-7460