

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90026 006 \*\*\*\*61.25

**DOCUMENT # C93000000002**

1. Entity Name

CHRISTIAN CHURCH SEBRING, FLORIDA,  
INCORPORATED



Principal Place of Business

510 POINSETTIA AVENUE  
SEBRING FL 33870

Mailing Address

510 POINSETTIA AVENUE  
SEBRING FL 33870

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

23-7050100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**VAN DER MERWE, JOHAN**

**521 TASESCHEE**

**SEBRING FL 33870**

**33872**

*4227 Duffer hoop*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 **TD** ☐ Delete  
NAME **RHOTEN, MARCIA**  
STREET ADDRESS **1719 PROSPECT STREET**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VD** ☒ Delete  
NAME **COLEY, WALTER**  
STREET ADDRESS **2416 HAPTON ROAD**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **CD** ☒ Delete  
NAME **BENITEZ, JULIA**  
STREET ADDRESS **2010 DUFFER ROAD**  
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **SD** ☐ Delete  
NAME **HICKEY, JUANITA**  
STREET ADDRESS **1522 FIRST STREET**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **H** ☐ Delete  
NAME **VOSBURGH, BEA**  
STREET ADDRESS **2518 DAVIS CIRCLE**  
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **FS** ☐ Delete  
NAME **TULL, BARBARA**  
STREET ADDRESS **1820 ELF DRIVE**  
CITY-ST-ZIP **SEBRING FL 33872**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **Erwin Schoppenhorst**  
STREET ADDRESS **1952 SAWGRASS TRAIL**  
CITY-ST-ZIP **Sebring FL 33872**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Julia Benitez**  
STREET ADDRESS **2010 Duffer Road**  
CITY-ST-ZIP **Sebring FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Marcia Rhoten* *Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-6-04* *863-385-0352*  
Date Daytime Phone #