

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90074 003 ****61.25

DOCUMENT # N00000000568

1. Entity Name
**CHRIST COMMUNITY CHURCH OF ORLANDO, FLORIDA,
INC.**



Principal Place of Business
**5425 S. APOPKA VINELAND RD.
ORLANDO, FL 32819**

Mailing Address
**5425 S. APOPKA VINELAND RD.
ORLANDO, FL 32819**

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

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3620804

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

**STEELE, CHARLIE
10538 DOWN LAKEVIEW CIR.
WINDERMERE, FL 34786**

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GALLUP, JEFFREY**
STREET ADDRESS **1145 CLIMBING ROSE DR.**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE **D/S** ☐ Change ☒ Addition
NAME **NEWTON, JANEL**
STREET ADDRESS **607 RICH DRIVE**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **D** ☒ Delete
NAME **HURT, CLARENCE**
STREET ADDRESS **810 WINDERGROVE CT.**
CITY-ST-ZIP **OCFEE, FL 34761**

TITLE **D** ☐ Change ☒ Addition
NAME **STEELE, CHARLIE**
STREET ADDRESS **10538 DOWN LAKEVIEW CIRCLE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **TC** ☐ Delete
NAME **STUCKER, WOODY**
STREET ADDRESS **5554 MUIRFIELD CT**
CITY-ST-ZIP **ORLANDO, FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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

Charlie Steele 4/29/07 407-876-1217

Date

Daytime Phone #