


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001438	
1. Entity Name THE CHILDREN'S CHURCH HOSPITAL, INC.	

Principal Place of Business 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775	Mailing Address 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 31-1768828	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named officer or director is familiar with, and accepts the obligations of the corporation.
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9. I am familiar with, and accept the obligations of the corporation.

FILE NO Due

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FDT GLOVER, D. 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUMMINGS, BE. 4719 MIRANDA CIRCLE ORLANDO FL 32818	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, JOE C SR. 6654 HIAWASSEE MDWS. DR. ORLANDO FL 32818-1775	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, JOHNNIE M 1135 MARTIN LUTHER KING DR. ORLANDO FL 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OFFER, LORRAINE R 643 WILLOWWOOD AVE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM OFFER, RALPH L 643 WILLOWWOOD AVE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000299208 04/11/05-80098-014 70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dorothy L. Glover* President *Dorothy L. Glover* 04-07-05 407-290-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #