

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

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90283 009 ****61.25

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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1768828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

GLOVER, DOROTHY L
6654 HIAWASSEE MDWS. DR.
ORLANDO FL 32818-1775

7. Name and Address of New Registered Agent

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

Dorothy L. Glover

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

(NOTE: Registered Agent signature required when reinstating)

04/04/06
DATE

**FILE NOW: 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 FDT ☐ Delete
NAME GLOVER, DOROTHY L
STREET ADDRESS 6654 HIAWASSEE MDWS. DR.
CITY-ST-ZIP ORLANDO FL 32818-1775

TITLE T ☐ Delete
NAME CUMMINGS, BEATRICE
STREET ADDRESS 4719 MIRANDA CIRCLE
CITY-ST-ZIP ORLANDO FL 32818

TITLE T ☐ Delete
NAME GLOVER, JOE C SR.
STREET ADDRESS 6654 HIAWASSEE MDWS. DR.
CITY-ST-ZIP ORLANDO FL 32818-1775

TITLE T ☐ Delete
NAME GLOVER, JOHNNIE M
STREET ADDRESS 1135 MARTIN LUTHER KING DR.
CITY-ST-ZIP ORLANDO FL 32805

TITLE BM ☐ Delete
NAME OFFER, LORRAINE R
STREET ADDRESS 643 WILLOWWOOD AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE BM ☐ Delete
NAME OFFER, RALPH L
STREET ADDRESS 643 WILLOWWOOD AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BM ☐ Change ☒ Addition
NAME Tesfy Kassye
STREET ADDRESS 9351 Lake Fisher Blvd.
CITY-ST-ZIP Gotha, FL 34734

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

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 exemptions contained in Section 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:

Dorothy L. Glover

Dorothy L. Glover

04/04/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Continued Page #