

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90243 043 \*\*\*\*61.25

**DOCUMENT # N00619**

1. Entity Name

THE FIRST CONGREGATIONAL CHURCH OF ORANGE  
CITY, INC.



Principal Place of Business

201 W. UNIVERSITY AVE.  
ORANGE CITY FL 32763

Mailing Address

201 W UNIVERSITY AVE  
ORANGE CITY FL 32763  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0991184

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

CROWTHER, JOHN B.  
279 EAST GRAVES AVENUE  
ORANGE CITY FL 32763

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 reappointing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☐ Delete  
NAME SCHUCK, WILLIAM  
STREET ADDRESS 726 N. FLORIDA AVE.  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ Change ☒ Addition  
NAME **TR KISTNER, RAY**  
STREET ADDRESS **203 TERRA ALTA DR**  
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE TRT ☐ Delete  
NAME ANDREWS, VIRGINIA L  
STREET ADDRESS 1195 N LEAVITT AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Change ☒ Addition  
NAME **ED PRITCHETT TR**  
STREET ADDRESS **114 AVENUE DR**  
CITY-ST-ZIP **DELAND, FL 32724**

TITLE TR ☒ Delete  
NAME ROBERTSON, NELSON  
STREET ADDRESS 2000 N VOLUSIA AVE  
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ Change ☒ Addition  
NAME **TR BASS, SAM**  
STREET ADDRESS **995 GERY WAY**  
CITY-ST-ZIP **DELAND, FL 32724**

TITLE TRC ☐ Delete  
NAME MANZ, LYNN  
STREET ADDRESS 209 E. UNIVERSITY AVE.  
CITY-ST-ZIP ORANGE CITY FL 32763

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

TITLE TR ☐ Delete  
NAME HORN, CARL  
STREET ADDRESS 122 B EAST VILLA CAPRI CIR.  
CITY-ST-ZIP DELAND FL 32724

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

TITLE TR ☐ Delete  
NAME GILDERSLEEVE, KENNETH  
STREET ADDRESS 604 BRIGHTWOOD AVE.  
CITY-ST-ZIP ORANGE CITY FL 32763

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: *Virginia L. Andrews* VIRGINIA L. ANDREWS 4-12-06 386-775-5314