

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000003641

1. Entity Name  
ORANGE COUNTY COMMUNITY AND FAITH-BASED  
COALITION, INC.



Principal Place of Business  
830 KLONDIKE ST.  
WINTER GARDEN, FL 34787

Mailing Address  
830 KLONDIKE ST.  
WINTER GARDEN, FL 34787



03042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3724762

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILDER, CHARLIE MAE  
1007 STUCKI TERRACE  
WINTER GARDEN, FL 34787

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000351534  
05/02/05-80150-016 70.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PEARSON, MULVA MD  
STREET ADDRESS 6388 SILVER STAR RD SUITE 2G  
CITY-ST-ZIP ORLANDO, FL 32808

TITLE D  
NAME NEWBERGER, RICHARD  
STREET ADDRESS 17811 WEST BAY COURT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE VD  
NAME WILDER, CHARLIE MAE  
STREET ADDRESS 1007 STUCKI TERRACE  
CITY-ST-ZIP WINTER GARDEN, FL 347874296

TITLE D  
NAME DIXON, MILDRED L  
STREET ADDRESS 1089 NORTH CIRCLE CT.  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Charlie Mae Wilder* Charlie Mae Wilder

4/26/05

407 529-5214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #