

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90080 021 \*\*\*\*61.25

**DOCUMENT # N01000008573**

1. Entity Name  
**THE ALLIANCE FOR THE DISTRIBUTED CHURCH, INC.**



Principal Place of Business  
**530 DOG TRACK RD.  
LONGWOOD, FL 32750-6546**

Mailing Address  
**530 DOG TRACK RD  
LONGWOOD, FL 32750-6546**

**40031604**



03092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

**5125 ADANSON ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 500**

City & State

City & State

**ORLANDO FL**

Zip

Country

Zip

Country

**32804**

**USA**

4. FEI Number  
**01-0584557**

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

**PAGE, THOMAS P  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804**

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, 2005**

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 **LOY, RANDALL DR.**  
STREET ADDRESS **3093 TIMPANA PT**  
CITY-ST-ZIP **LONGWOOD, FL 327793108**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **THOMAS PAGE**  
STREET ADDRESS **2821 Summerfield Road**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete  
NAME **LOY, JULIE**  
STREET ADDRESS **3093 TIMPANA PT**  
CITY-ST-ZIP **LONGWOOD, FL 327793108**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **DONNA PAGE**  
STREET ADDRESS **2821 SUMMERFIELD ROAD**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete  
NAME **KOLDENHOVEN, KEN**  
STREET ADDRESS **104 SPRING LAKE LN**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 327146507**

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

TITLE **D** ☐ Delete  
NAME **KOLDENHOVEN, LINDA**  
STREET ADDRESS **104 SPRING LAKE LN**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 327146507**

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

TITLE **D** ☐ Delete  
NAME **HUNTER, JOEL DR.**  
STREET ADDRESS **203 SAVANNAH PK LOOP**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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

TITLE **D** ☐ Delete  
NAME **HUNTER, BECKY**  
STREET ADDRESS **203 SAVANNAH PK LOOP**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 9, 2005 407-629-5114**

Date

Daytime Phone #