

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000148

1. Entity Name
COMPASS COMMUNITY CHURCH, INCORPORATED



Principal Place of Business
**207 SEMORAN COMMERCE PL
APOPKA, FL 32703**

Mailing Address
**P.O. BOX 162504
ALTAMONTE SPRINGS, FL 32716**



07092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1568317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMMOCK, JAMES W
115 LILLIE POND POINT
CHULUOTA, FL 32766**

**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 renewing)

DATE _____

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DETMER, DAVID
969 CROSS CUT WAY
LONGWOOD, FL 327503078**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOUGH, HARRY
4302 D LAKE UNDERHILL
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WISEMAN, MICHELLE
338 OSCEOLA ST
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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07/20/07-80007-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/07

Date

407-810-7307

Daytime Phone #