

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N17153	
1. Entity Name PINE HILLS COMMUNITY CHURCH, INCORPORATED	

Principal Place of Business PASTOR ANTHONY JOHNSON 1305 N. PINE HILLS RD. ORLANDO, FL 32808	Mailing Address PASTOR ANTHONY JOHNSON 1305 N. PINE HILLS RD. ORLANDO, FL 32808
---	---



01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2601354	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent JOHNSON, ANTHONY REV. 1305 N PINE HILLS RD. ORLANDO, FL 32808

**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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

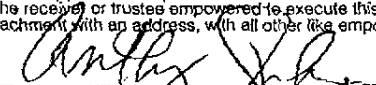
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN00000477874
04:07/06 80007-012 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLEDGE, JOSH III 2230 OKADA CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBT SIMS, JAMES 3510 N. POWERS DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTOPHER, TERRY 19 PINE FOREST PLACE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, BEVERLY 1830 FRUITWOOD COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALOWIN, CHARLES 9114 CESWOOD ST. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCZEAL, ELLENA 4705 BEAGLE ST. ORLANDO, FL 32818

**DO NOT WRITE
IN THIS SPACE**

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 Date Daytime Phone #