


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90040 043 ****61.25

DOCUMENT # N33065 1. Entity Name INDIGO COMMUNITY CHURCH, INC.					
Principal Place of Business 950 NORTH WILLIAMSON BLVD. DAYTONA BEACH, FL 32114-7131			Mailing Address 950 NORTH WILLIAMSON BLVD. DAYTONA BEACH, FL 32114-7131		
2. Principal Place of Business		3. Mailing Address P.O. Box 12208			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DAYTONA BEACH, FL		4. FEI Number 59-2958860	
Zip		Zip 32120		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILSON, GLORIA L 108 LACOSTA LANE #623 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Gloria L. Wilson</u> 1-20-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	TR STRICKLAND, FRANCIS 552 WOODGROVE ST ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR WILSON, GLORIA 108 LACOSTA LANE #623 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MASTERS, JOHN M 1539 CENTER AVENUE DAYTONA BEACH, FL 321172021	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PTOMEY, HELEN 511 CROOKED STICK DRIVE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Gloria L. Wilson, Trustee</u> 1-20-2006 386-274-2129 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					