

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N34462

1. Entity Name
**ALEXANDER CHRISTIAN FOUNDATION OF FLORIDA,
INC.**



Principal Place of Business
**C/O ROSS PEPPER
415 N. MAIN ST.
KISSIMMEE, FL 34744**

Mailing Address
**C/O ROSS PEPPER
415 N. MAIN ST.
KISSIMMEE, FL 34744**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2998159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEPPER, ROSS
415 N. MAIN STREET
KISSIMMEE, FL 34744**

**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, 2005**

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 SEGROVES, S D 138 DIRKSEN DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, RON 550 N BUMBY AVENUE, SUITE #105 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEPPER, ROSS 415 N MAIN STREET KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, VAUGHN 2717 NELA AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, ROGER 3010 NORTH EAST 14TH ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, CHARLES S 24 N. BUMBY AVENUE ORLANDO, FL 32803

02/25/05-80064-006 \$1.25

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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)(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:

Charles S. Scott, Treas. **CHARLES S. SCOTT**

2/24/05

Date

Daytime Phone #