

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N35912					
1. Entity Name CENTRAL FLORIDA RESTORATION BRANCH CHURCH OF JESUS CHRIST, INCORPORATED					
Principal Place of Business 662 MASON AVE APOPKA FL 32703 US		Mailing Address 12602 LEATRICE DR CLERMONT FL 34711 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2988547	
				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		
VERCAMEN, DONALD A 12602 LEATRICE DR CLERMONT FL 34711			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	P/D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	VERCAMEN, DONALD		NAME		
STREET ADDRESS	12602 LEATRICE DR		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	S/D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	WIDER, KATHY J		NAME		
STREET ADDRESS	12618 LEATRICE DR.		STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	T/D	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	VERCAMEN, EDMOND		NAME		
STREET ADDRESS	2465 ANDRE CT		STREET ADDRESS		
CITY-ST-ZIP	OCOE FL 34761		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	GILMORE, DAN		NAME		
STREET ADDRESS	1516 ROCKS ELL HTS		STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any attachment with an address, with all other like empowered.

SIGNATURE: *Donald A Vercamen* Donald A Vercamen Pres. 303 2006 352-2493