

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N35912

1. Entity Name

**CENTRAL FLORIDA RESTORATION BRANCH CHURCH OF
JESUS CHRIST, INCORPORATED**



Principal Place of Business

Mailing Address

**682 MASON AVE
APOPKA FL 32703
US**

**12602 LEATRICE DR
CLERMONT FL 34711
US**

2. Principal Place of Business - No P.O. Box #

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Delete
NAME
P/D
VERCAMEN, DONALD
STREET ADDRESS
12602 LEATRICE DR
CITY-STATE-ZIP
CLERMONT FL 34711

TITLE ☐ Delete
NAME
S/D
WIDER, KATHY J
STREET ADDRESS
12618 LEATRICE DR.
CITY-STATE-ZIP
CLERMONT FL 34711

TITLE ☐ Delete
NAME
T/D
VERCAMEN, EDMOND
STREET ADDRESS
2465 ANDRE CT
CITY-STATE-ZIP
OCFEE FL 34761

TITLE ☐ Delete
NAME
VPD
GILMORE, DAN
STREET ADDRESS
1516 ROCKS ELL HTS
CITY-STATE-ZIP
DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
000000629410
STREET ADDRESS
02/16/07-80056-002 61.25
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 an attachment with an address with all other like empowered.

SIGNATURE:

Donald Vercamen DONALD VERCAMEN FEB 6 2007 352242.3883