

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N35912

1. Entity Name
**CENTRAL FLORIDA RESTORATION BRANCH CHURCH
OF JESUS CHRIST, INCORPORATED**



Principal Place of Business
**682 MASON AVE
APOPKA, FL 32703 US**

Mailing Address
**12602 LEATRICE DR
CLERMONT, FL 34711 US**



01062008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-2988547 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VERCAMEN, DONALD A
12602 LEATRICE DR
CLERMONT, FL 34711**

**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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | P/D VERCAMEN, DONALD 12602 LEATRICE DR CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D WIDER, KATHY J 12618 LEATRICE DR. CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D VERCAMEN, EDMOND 2465 ANDRE CT OCOCHEE, FL 34761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GILMORE, DAN 1516 ROCKS ELL HTS DELAND, FL 32724 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000776486
01/09/08-80024-020 61.25

**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: _____

Donald Vercamen **DONALD VERCAMEN**

1-06-08

Date

352-242-3883

Daytime Phone #