


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N36067 1. Entity Name CHURCH OF CHRIST ENGLEWOOD EAST, INC.	
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Principal Place of Business 9600 GULFSTREAM BLVD ENGLEWOOD, FL 34224 US	Mailing Address 9600 GULFSTREAM BLVD ENGLEWOOD, FL 34224 US
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02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0161494	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLFF, CHARLES L.
19 BUNKER PLACE
ROTONDA, FL 33947**

**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 resigning)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	DS SIMPELAAR, CATHERINE 235 ROTUNDA BLVD, #C101 ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITTINGTON, WAYNE 6983 SPINAKE BLVD ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFF, CHARLES L. 19 BUNKER PLACE ROTONDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIMPELAAR, CATHERINE 235 ROTUNDA BLVD C101 ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Charles L. Wolff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Wolff

2/15/2006
Date

941-475-4973
Daytime Phone #