

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N37084**

1. Entity Name  
**ORLANDO CHRISTADELPHIAN ECCLESIA, INC.**



Principal Place of Business  
**4540 CANNA DRIVE  
ORLANDO, FL 32839**

Mailing Address  
**4540 CANNA DRIVE  
ORLANDO, FL 32839**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3042345**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCOTT, ISAAC J  
4540 CANNA DRIVE  
ORLANDO, FL 32839**

**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 reinstating)

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	PDT
NAME	SCOTT, ISAAC J.
STREET ADDRESS	4540 CANNA DR.
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	STRUNK, SAMUEL
STREET ADDRESS	5391 N.W. 19TH PLACE
CITY-ST-ZIP	OCALA, FL
TITLE	D
NAME	NYLIN, WILLIAM
STREET ADDRESS	176 CALLIOPE ST
CITY-ST-ZIP	OCOE, FL
TITLE	D
NAME	DAVENPORT, RANDY
STREET ADDRESS	4100 COVE DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	GREEN, JACK
STREET ADDRESS	1851 N.W. 55TH AVE. RD.
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000412693  
02/10/06-80056-025 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: *Isaac J Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2006 407 351 0529

Date

Daytime Phone #