

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90375 042 \*\*\*\*61.25

**DOCUMENT # N38562**

1. Entity Name  
**CHRISTIAN COALITION OF FLORIDA, INC.**



Principal Place of Business  
**2316 WINTER WOODS BLVD  
WINTER PARK, FL 32792-1907 US**

Mailing Address  
**P.O. BOX 520578  
LONGWOOD, FL 32752-0578 US**



2. Principal Place of Business - No P.O. Box #  
**26 SE 9TH TER**  
Suite, Apt. #, etc.

3. Mailing Address  
**26 SE 9TH TER**  
Suite, Apt. #, etc.

04242008 Chg-NP CR2E037 (12/06)

City & State  
**OCALA FLORIDA**

City & State  
**OCALA FLORIDA**

4. FEI Number  
**59-3070887**

Applied For  
Not Applicable

Zip  
**34471-2344**

Country  
**USA**

Zip  
**34471-2344**

Country  
**USA**

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

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

**STEPHENS, WILLIAM K  
2316 WINTER WOODS BLVD  
WINTER PARK, FL 32792-1907**

**7. Name and Address of New Registered Agent**

Name  
**DENNIS K BAXLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**26 SE 9TH TER**  
City  
**OCALA** FL Zip Code  
**34471**

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, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	NEAL, PATRICK	
STREET ADDRESS	3216 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK, FL 327921907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINDEMULLER, EDWARD	
STREET ADDRESS	2316 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK, FL 327921907	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIM, MILLER	
STREET ADDRESS	2316 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK, FL 327921907	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELOON, WALTER	
STREET ADDRESS	2316 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK, FL 327921907	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, VERN	
STREET ADDRESS	2316 WINTER WOODS BLVD	
CITY-ST-ZIP	WINTER PARK, FL 327921907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TIM	
STREET ADDRESS	26 SE 9TH TER	
CITY-ST-ZIP	OCALA FL 34471-2344	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELOON, WALTER	
STREET ADDRESS	26 SE 9TH TER	
CITY-ST-ZIP	OCALA	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON VERN	
STREET ADDRESS	26 SE 9TH TER	
CITY-ST-ZIP	OCALA FL 34471-2344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Dennis K. Baxley*

**DENNIS K. BAXLEY** 4-25-08 352-401-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #