


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90136 016 ****61.25

| | |
|---|---|
| DOCUMENT # N43626 |  |
| 1. Entity Name CATALYST COMMUNITY CHURCH OF ORANGE & OSCEOLA COUNTIES, INC. | |

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| Principal Place of Business 14500 LANDSTAR BLVD. ORLANDO FL 32824 US | Mailing Address 14500 LANDSTAR BLVD. ORLANDO FL 32824 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | | |
|---|--|---|--|
| 4. FEI Number 59-2977779 | | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent MANERS, DOUGLAS A 14036 FAIRWAY ISLAND DR. #1525 ORLANDO FL 32837 | | 7. Name and Address of New Registered Agent 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

| | | | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MANERS, DOUGLAS 2560 DEMARET DR. TITUSVILLE FL 32780 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BARWENKO, HANS 73 TROTTERS CIRCLE KISSIMMEE FL 34743 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Wm Weydell 2555 Palm Ave Orlando FL 32765 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HUGGINS, TEEROMANI 189 SANDAL WOOD KISSIMMEE FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D LORRAE ASIAH 13921 CORALINE KEY FL Orlando FL 32824 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SPERAZZA, ANGELO 13013 PHILADELPHIA WOODS LANE ORLANDO FL 32824 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCGINCHEY, TODD 3220 FALCON PL DR KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (D) SIMPSON, JEROME 2693 HAWTHORNE LN KISSIMMEE FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD Jerome Simpson 2693 Hawthorne Ln Kissimmee FL 34743 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Douglas Maners* **Douglas Maners** 4.18.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #