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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

N94000003338 (0)

incipal Place	ONT COMMUNITY CHURCI	Mailing Address					
10630 DWIGHTS ROAD CLERMONT FL 34711 10630 DWIGHTS ROAD CLERMONT FL 34711			D				
				3. Date Incorporated or Qualified 07/06/1994	3a. Date 04	of Last 4/05/1	Report 995
Principal Place of Business 2a. Mailing Address 1 2 3 W. Hgwy. 50 26 8 5 For Suite Apt. #, etc.		26 805 Fore	stwood Dr.	4. FEI Number 59-3253232			Applied For Not Applicabl
Un,	<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired	DZ/	-	Additional Required
Orty & State	mont, FI Lake	City & State 28 Clermont	F	Election Campaign Financing Trust Fund Contribution			May Be
Zip 347	Country 25	Zip 29 3 4 7 11	Country 30 Lake		☐ Yes Mar No	under s. lo	
	9. Name and Address of Curren	t Hegistered Agent		10. Name and Address of New R	Registered Ag	jent	
1/881 14/4	CHED DIOY		81 Name	Van Marian			
	AGNER, RICK		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	WIGHHTS RD		805	Forestweed Dr.	,		
CLERMO	ONT FL 34711		83				
			24 0				
			84 City	- 1	FL		Code
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uraudiit.	to the provisions of Sections 617,0502	and 617.1508, Florida Statur	too the chaus samed securi	ration submits this statement for the our	mace of chape	nina ita a	
	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid		tes, the above-named corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	rpose of chang ointment as rec	ging its re aistered	agistered om agent, I am
familiar wi	ith, and accept the obligations of, Section	on 617.0503, Florida Statute	tes, the above-named corpor sed by the corporation's boa s.	rd or directors. I hereby accept the appoint	rpose of chang ointment as rec	ging its re gistered	agent, t am
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SIGNATURE: Rick Van Wagner 6-15-96 357-394-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dave Dave