2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000005811

1. Entity Name
THE GATHERING COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
4436 TIDEWATER DR ORLANDO, FL 32812 US	P.O. BOX 560215 ORLANDO, FL 32856-0215

04252004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3409513

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PFLEIDERER, SPENCER T
4436 TIDEWATER DRIVE
ORLANDO, FL 32812

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RETALLACK, BRUCE N
STREET ADDRESS	1106 KASPER DR
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	PD
NAME	PFLEIDERER, SPENCER
STREET ADDRESS	4436 TIDEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VD
NAME	GRIFFITHS, JOE
STREET ADDRESS	3707 BATLIN WOODS DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80086-025 61.25

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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: _____ 4/26/04 407-383-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #