

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90234 035 \*\*\*\*61.25

**DOCUMENT # N98000007025**

1. Entity Name

CHRIST WORLDWIDE MISSIONARY CHURCH, INC.



Principal Place of Business

5293 TOWER WAY  
SANFORD FL 32774-9468

Mailing Address

5293 TOWER WAY  
SANFORD FL 32774-9468



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOOFE

CR2E037 (10/05)

4. FEI Number

59-3546572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OWEN, RICHARD B  
5250 S. HIGHWAY 17-92  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Leeann Stayer

Street Address (P.O. Box Number is Not Acceptable)

5325 Pen Ave

City

Sanford

FL

Zip Code

32774

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

Leeann Stayer

*Leeann Stayer*

5/3/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 ☐ Delete  
NAME SPAULDING, JOSEPH C  
STREET ADDRESS 790 LEHIGH DR.  
CITY-ST-ZIP DELTONA FL 32738

TITLE D ☐ Delete  
NAME HACHE-REIDY, HELGA  
STREET ADDRESS 790 LEHIGH DR.  
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME Jeff Dixon  
STREET ADDRESS 1001 CARLSON DR  
CITY-ST-ZIP Orlando, FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:** *Joseph C. Spaulding* **JOSEPH C. SPAULDING 4-21-06 PAGER 407-974-3674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File Daytime Phone #