

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 006 \*\*\*\*70.00

**DOCUMENT # N99000002107**

1. Entity Name  
**WEST ORANGE-MINISTERIAL ASSOCIATION, INC.**



Principal Place of Business  
**260 NORTH WOODLAND STREET  
WINTER GARDEN, FL 34787**

Mailing Address  
**260 NORTH WOODLAND STREET  
WINTER GARDEN, FL 34787**

**54036818**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3581550**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTHERFORD, TOM  
260 N WOODLAND ST  
WINTER GARDEN, FL 34787**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STAMPER, BRYAN  
STREET ADDRESS **1450 CITRUS AVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ Change ☒ Addition  
NAME **D HINES, JR. Robert P**  
STREET ADDRESS **218 E. OAKLAND AVE**  
CITY-ST-ZIP **OAKLAND, FL 34762**

TITLE ☐ Delete  
NAME **ST**  
ARNOLD, LEWIS D  
STREET ADDRESS **4851 S APOPKA-VINELAND RD**  
CITY-ST-ZIP **ORLANDO, FL 328193128**

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

TITLE ☐ Delete  
NAME **D**  
REEHER, JIM  
STREET ADDRESS **315 W TILDEN AVE**  
CITY-ST-ZIP **WINTER GARDEN, FL 347872621**

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

TITLE ☐ Delete  
NAME **V**  
YOAKUM, MIKE  
STREET ADDRESS **763 W PLANT ST.**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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

TITLE ☐ Delete  
NAME **D**  
BERGH, JOHAN  
STREET ADDRESS **2268 WICKDALE CT**  
CITY-ST-ZIP **OCOE, FL 34761**

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

TITLE ☐ Delete  
NAME **P**  
RUTHERFORD, TOM  
STREET ADDRESS **260 N. WOODLAND ST.**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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 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:** *Lewis D Arnold Sec/Treas. 4/15/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #