

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90074 036 \*\*\*\*61.25

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3581550**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2005**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Hines, Robert P.**  
STREET ADDRESS **218 E OAKLAND Ave**  
CITY-ST-ZIP **Winter Garden, FL 34787**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **OLTMAN, BERWYN**  
STREET ADDRESS **622 PALOMAS Ave**  
CITY-ST-ZIP **Ocoee, FL 34767**

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

TITLE **ST** ☒ Change ☐ Addition  
NAME **ARNOLD, LEWIS D**  
STREET ADDRESS **4200 Winderlakes DR**  
CITY-ST-ZIP **Orlando, FL 32835**

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

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

TITLE **P** ☐ Delete  
NAME **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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05

Date

321-246-  
3104

Daytime Phone #