

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705614

**FILED**  
**Feb 09, 2019**  
**Secretary of State**  
**3039308841CC**

**Entity Name:** THE TANGERINE COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

7141 WRIGHT AVE  
TANGERINE, FL 32777

**Current Mailing Address:**

P.O. BOX 281  
TANGERINE, FL 32777

**FEI Number: 59-2813841**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STROUP, LILLIAN  
8200 EARLWOOD AVENUE  
TANGERINE, FL 32757 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title O  
Name MASTERTON, DAVID  
Address 6155 ALLEN ST.  
City-State-Zip: MOUNT DORA FL 32757

Title TD  
Name STROUP, LILLIAN  
Address 8200 EARLWOOD AVE  
City-State-Zip: MOUNT DORA FL 32757

Title OTHER  
Name GIROUX, ALAN  
Address 28929 TAMMI DR.  
City-State-Zip: TAVARES FL 32778

Title VC  
Name TUCKER, ANNE J  
Address 25305 DARNOCH ST.  
City-State-Zip: SORRENTO FL 32776

Title COUNCIL MEMBER  
Name BLUME, NICK  
Address 2647 LAKE GRASSMERE CIR  
City-State-Zip: ZELLWOOD FL 32798

Title COUNCIL MEMBER  
Name BRAMER, LINDA  
Address PO BOX 615  
City-State-Zip: TANGERINE FL 32777

Title OTHER  
Name ESTEY, WES  
Address 7681 LAKE ANDREA CIC  
City-State-Zip: MOUNT DORA FL 32757

Title SECRETARY  
Name KLIEN, MARY  
Address 7199 SCOTT AVENUE  
City-State-Zip: MOUNT DORA FL 32757

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LILLIAN STROUP**

**TREASURER**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COUNCIL MEMBER  
Name SPERBECK, BARBARA  
Address 1917 SYCAMORE CIRCLE  
City-State-Zip: TAVARES FL 32778

Title COUNCIL MEMBER  
Name CORBETT, STEVE  
Address P.O. BOX 180  
City-State-Zip: TAVARES FL 32778