

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705614

**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            COUNCIL MEMBER  
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 DARNOCCH 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

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*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**

**02/09/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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