

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08226

**FILED**  
**Mar 26, 2017**  
**Secretary of State**  
**CC8614239546**

**Entity Name:** THE CHURCH OF CHRIST OF MID-TOWN, INC.

**Current Principal Place of Business:**

2021 BRUTON BLVD.  
ORLANDO, FL 32805

**Current Mailing Address:**

P.O. BOX 585572  
ORLANDO, FL 32858 US

**FEI Number: 59-2773690**

**Certificate of Status Desired: Yes**

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

MASTERS, J. WILLIAM, II  
1500 S. SEMORAN BLVD.  
ORLANDO, FL 32807 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 ELDER  
Name WILSON, MORGAN  
Address 1876 BEEWOOD COURT  
City-State-Zip: ORLANDO FL 32818

Title ELDER  
Name NORMAN, WILLIAM E.  
Address 6203 PERRINE DR  
City-State-Zip: ORLANDO FL 32808

Title PASTOR  
Name WASHINGTON, DZICDZICE M  
Address 1219 OSPREY WAY  
City-State-Zip: APOPKA FL 32712

Title DIRECTOR  
Name BENJAMIN, CAROLYN P  
Address 1876 BEEWOOD COURT  
City-State-Zip: ORLANDO FL 32818

*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: MORGAN WILSON**

**ELDER**

**03/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date