

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 AM 8:27

DOCUMENT # **471846** (6)
1. Corporation Name
THE LORD'S COMPANY OF ORLANDO

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1085 BELLE AVENUE WINTER SPRINGS FL 32708 | 1085 BELLE AVENUE WINTER SPRINGS FL 32708 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/13/1975 | 3a. Date of Last Report 03/29/1994 |
| 4. FEI Number 59-1585400 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| Country | 29 |
| 25 | 30 |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| AUERBACH, STUART 1085 BELLE AVENUE WINTER SPRINGS FL 32708 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUERBACH, STUART S. | 1.2 NAME | |
| STREET ADDRESS | 1811 CHINOOK TRAIL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUERBACH, LEITA C. | 2.2 NAME | |
| STREET ADDRESS | 1811 CHINOOK TRAIL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AUERBACH, DAVID A. | 3.2 NAME | |
| STREET ADDRESS | 1811 CHINOOK TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FETNER, DIONE L. | 4.2 NAME | |
| STREET ADDRESS | 332 FALLING LEAF WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an attachment with an address.

SIGNATURE: _____ January 24, 1995 (407) 699-8700