

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716296 (9)**  
1. Corporation Name  
**HOWELL BRANCH FELLOWSHIP, INC.**



Principal Place of Business <b>7540 GRAND AVE. WINTER PARK FL 32792 US</b>	Mailing Address <b>7540 GRAND AVE. WINTER PARK FL 32792 US</b>
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3. Date Incorporated or Qualified <b>04/02/1969</b>	
4. FEI Number <b>59-1404353</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**8. Name and Address of Current Registered Agent**

**LEIGH, RICHARD A  
39 WEST PINE ST  
ORLANDO FL 32801-9611**

**10. Name and Address of New Registered Agent**

81 Name <b>RICHARD A. LEIGH</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1801 LEE ROAD</b>	
83 <b>SUITE 360</b>	
84 City <b>WINTER PARK</b>	85 Zip Code <b>FL 32789-2165</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-25-98**  
Signature typed to printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FITZGERALD, JIM</b>	
STREET ADDRESS <b>3600 N CHICKASAW TRAIL</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BROWN, STEVE</b>	
STREET ADDRESS <b>7844 BROKEN ARROW TRAIL</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>BEATES, MIKE</b>	
STREET ADDRESS <b>6724 TOTTENHAM COURT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LEIGH, RICHARD A</b>	
STREET ADDRESS <b>2121 SHADYHILL TERR</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>BEAVER, TIMOTHY</b>	
STREET ADDRESS <b>609 OAK MANOR CIRCLE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WILLIS, SCOTT</b>	
STREET ADDRESS <b>807 PONDEROSA PINE CT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>D LANPHEAR, RON</b>	
2.3 STREET ADDRESS <b>9865 LAKE GEORGIA DRIVE</b>	
2.4 CITY-ST-ZIP <b>ORLANDO, FL 32817</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>SD</b>	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4/26/98** (407)826-2807

CR2E037 (10/97)