

FILE NOW: FILING FEE IS \$61.25

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**Apr 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732528 (5)

1. Corporation Name
FLORIDA COUNCIL OF CHURCHES, INC.



Principal Place of Business 924 N MAGNOLIA AVE #236 ORLANDO FL 32803-3845	Mailing Address 924 N MAGNOLIA AVE #236 ORLANDO FL 32803-3845
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3. Date Incorporated or Qualified 04/22/1975	
4. FEI Number 59-0782450	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HORLANDER, WALTER F.
924 N MAGNOLIA AVE.
#236
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name Rev. Fred Morris	
82. Street Address (P.O. Box Number is Not Acceptable) 924 N. Magnolia Ave #236	
83. City Orlando	
84. State FL	85. Zip Code 32803

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: *Fred Morris* DATE: **2-23-1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, JAMES DR.	1.2 NAME	SNOWDEN, BARRY DR.
STREET ADDRESS	225 INTERLACHEN AVENUE	1.3 STREET ADDRESS	P.O. BOX 196125
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOWDEN, BARRY DR.	2.2 NAME	MITCHELL, MOZELLA
STREET ADDRESS	P.O. BOX 196125	2.3 STREET ADDRESS	P.O. BOX 1855
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	BRANDON, FL 33509
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, LESTER	3.2 NAME	
STREET ADDRESS	421 N. REUS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANDRIDGE, DOROTHY	4.2 NAME	
STREET ADDRESS	5A SOUTH CAMELLIA COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, STEVEN	5.2 NAME	
STREET ADDRESS	465 W FOREST HILL BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORLANDER, WALTER F.	6.2 NAME	Morris, Rev. Fred
STREET ADDRESS	924 N. MAGNOLIA AVE #236	6.3 STREET ADDRESS	924 N. Magnolia #236
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	Orlando, FL 32803

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: *Fred Morris* DATE: **2-23-98 407-839-2054**

CR2E037 (10/97)