

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 738847 (3)

1. Corporation Name
BETHANY FELLOWSHIP OF LECANTO, INC.



Principal Place of Business: **YELLOW JACKET RD P.O. BOX 459 OLD TOWN FL 32680**
Mailing Address: **YELLOW JACKET RD P.O. BOX 459 OLD TOWN FL 32680**

3. Date Incorporated or Qualified: **04/26/1977** 3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2650648** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, LYLE H
YELLOW JACKET ROAD
OLD TOWN, FL
32680**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LYLE H.	
STREET ADDRESS	STAR RT. 1, E. HYW. 44	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LYLE A.	
STREET ADDRESS	P. O. BOX 1322 (N.A.)	
CITY-ST-ZIP	OLD TOWN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KEARNS, GEORGE T.	
STREET ADDRESS	STAR RTE 1, SOUTHERN RD	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEARNS, GEORGE T.	
STREET ADDRESS	STAR RTE 1, SOUTHERN RD	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDERSON, LYLE H	
1.3 STREET ADDRESS	SR 273	
1.4 CITY-ST-ZIP	CEDAR SPRINGS, GA 31738	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, LYLE A	
2.3 STREET ADDRESS	5115 N. SORUM LOOP RD	
2.4 CITY-ST-ZIP	LAKELAND, FLA 33809	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KEARNS, GEORGE T	
3.3 STREET ADDRESS	10450 GULF DRIVE	
3.4 CITY-ST-ZIP	SUNANEE FLA 32692	
4.1 TITLE		<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lyle H. Anderson* LYLE H. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 912-372-4925
Date Daytime Phone #

CR2E037 (12/95)