

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 PM 4:25

DOCUMENT # 750225 (5)  
1. Corporation Name  
ORANGE BLOSSOM GARDENS CHAPEL OF ALL FAITHS, INC

Principal Place of Business Mailing Address  
1401 PARADISE DRIVE 1401 PARADISE DRIVE  
LADY LAKE FL 32159 LADY LAKE FL 32159

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1979 3a. Date of Last Report 04/05/1994  
4. FEI Number 59-2375525 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  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 Country 29 Country  
24 Lake 29 Lake

9. Name and Address of Current Registered Agent  
BIFFEN, DAVID F. S  
1777 W. SCHWARTZ BLVD.  
LADY LAKE FL 32159

10. Name and Address of New Registered Agent  
81 Name MECK, PIERCE A.  
82 Street Address (P.O. Box Number is Not Acceptable) 715 ROSE APPLE AVE.  
83  
84 City LADY LAKE FL 85 Zip Code 32159

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 MECK, PIERCE, A., Chairperson *Pierce A. Meck* 3-15-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BIFFEN, DAVID F. SR
STREET ADDRESS	1777 W SCHWARTZ BLVD
CITY-ST-ZIP	LADY LAKE FL
TITLE	VD
NAME	MECK, PIERCE A.
STREET ADDRESS	715 ROSE APPLE AVE.
CITY-ST-ZIP	LADY LAKE FL
TITLE	SD
NAME	EUBANK, NANCY
STREET ADDRESS	638 RAINBOW BLVD.
CITY-ST-ZIP	LADY LAKE FL
TITLE	TD
NAME	SCOTT, VERDELIA F.
STREET ADDRESS	535 RAINBOW BOULEVARD
CITY-ST-ZIP	LADY LAKE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MECK, PIERCE A.	
1.3 STREET ADDRESS	715 ROSE APPLE AVE.	
1.4 CITY-ST-ZIP	LADY LAKE FL 32159	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAMPLES, JAMES C.	
2.3 STREET ADDRESS	1132 BERNARDO BLVD.	
2.4 CITY-ST-ZIP	LADY LAKE FL 32159	
3.1 TITLE	EUBANK, NANCY E.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32159	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32159	
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 110.07(3)(4), 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: *Nancy E. Eubank* NANCY E. EUBANK, SECRETARY 2/17/95 (904)753-7842  
Signature and typed or printed name of signing officer or director Date Daytime Phone #