

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 753236 (9)

1. Corporation Name  
 CHURCH DEVELOPMENT FUND OF FLORIDA, INC.



Principal Place of Business: 124 MARCIA DRIVE, ALTAMONTE SPRINGS FL 32714  
 Mailing Address: 124 MARCIA DRIVE, ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 07/03/1980  
 3a. Date of Last Report: 01/30/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-23) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.  
 4. FEI Number: 59-2037205  
 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

9. Name and Address of Current Registered Agent: TWADDELL, WILLIAM, 124 MARCIA DRIVE, ALTAMONTE SPRINGS FL 32714  
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: [Signature] DATE: 6/18/96  
 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                   | TWADDELL, WILLIAM E<br>411 SEVILLE AVENUE<br>ALTAMONTE SPRINGS FL                        | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |  | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       | 32714   |
| TITLE: V                   | RANSOM, H. JAMES<br>381 HAVERLAKE DRIVE<br>APOPKA FL                                     | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |  | 2.2 NAME  | S/V   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | 32712   |
| TITLE: D                   | ADAMS, KEITH<br>1524 SE 37TH AVENUE<br>OCALA FL  | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | 34471   |
| TITLE: SD                  | <del>STRONG, JOHN</del><br><del>222 RANIER COVE, #100</del><br><del>GASSELBERRY FL</del> | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE: CD                  | OWENS, WILLIAM G.<br>4811 DERRY DT.<br>ORLANDO FL  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | DERRY CT.   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | 32817   |
| TITLE:                     |  | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  | WILLIAM E. BACKUS   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | 2981 CRYSTAL CT.  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | TITUSVILLE, FL 32780  |

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: [Signature] DATE: 6/18/96 (407) 788-2475  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM E. TWADDELL Daytime Phone #

CR2E037 (3/96)