


2-26-98 B 2591 C
 FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755923 (0)

1. Corporation Name
POINCIANA CHRISTIAN CHURCH, INC.



Principal Place of Business 4900 PLEASANT HILL RD. KISSIMMEE FL 34759	Mailing Address 4900 PLEASANT HILL RD. KISSIMMEE FL 34759
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3. Date Incorporated or Qualified 01/16/1981	4. FEI Number 59-2253302	Applied For Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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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 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	

9. Name and Address of Current Registered Agent

**NOLL, GEORGE D
 1746 WESTERN REDWOOD AVE
 KISSIMMEE FL 34758**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ECBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARANGER, NILS	1.2 NAME	
STREET ADDRESS	2335 PINE TREE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	ED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORHOU, CARL	2.2 NAME	TD
STREET ADDRESS	411 LONG DRIVE	2.3 STREET ADDRESS	Steve Petroulakis
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	738 Yucatan Court
TITLE	DTD <input type="checkbox"/> DELETE	3.1 TITLE	ED VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, ED	3.2 NAME	
STREET ADDRESS	3000 PINERIDGE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	DD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPP, ROBERT	4.2 NAME	
STREET ADDRESS	807 NELSON DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	
TITLE	EVCD <input type="checkbox"/> DELETE	5.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, GEORGE D.	5.2 NAME	
STREET ADDRESS	1746 WESTERN REDWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	DSD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCKRELL, WILLIAM	6.2 NAME	Jim Sullivan
STREET ADDRESS	1901 FERN CT	6.3 STREET ADDRESS	111 Morella Drive
CITY-ST-ZIP	KISSIMMEE FL 34748	6.4 CITY-ST-ZIP	Kissimmee, Fl., 34743

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 _____

CFR2037 (10/97)