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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 760056 (2)
1. Corporation Name
LORD OF LIFE FELLOWSHIP OF WINTER SPRINGS, INC.

Principal Place of Business Mailing Address
395 TUSCAWILLA ROAD WINTER SPRINGS FL 32708 395 TUSCAWILLA ROAD WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1981 3a. Date of Last Report 10/24/1994
4. FEI Number 59-2159754 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ANDERSON, VICKIE A
344 FAIRGREEN PLACE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent
81 Name CAROL MCMORROW
82 Street Address (P.O. Box Number is Not Acceptable) 395 TUSCAWILLA ROAD
83
84 City WINTER SPRINGS FL 85 Zip Code 32708

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 *Sandra B. Matham* TREASURER *1/22/95*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME CLARK, MARVIN
STREET ADDRESS 110 BEN OAKCOURT
CITY-ST-ZIP SANFORD FL 32773
TITLE VD
NAME RUSE, JAMES
STREET ADDRESS 442 KINGS LAKE DRIVE
CITY-ST-ZIP DEBARY FL 32713
TITLE VD
NAME CLARK, DAN
STREET ADDRESS 2825 WRIGHT ROAD
CITY-ST-ZIP OVIEDO FL 32765
TITLE TD
NAME ANDERSEN, VICKIE
STREET ADDRESS 344 FAIRGREEN PLACE
CITY-ST-ZIP CASSELBERRY FL 32707
TITLE SD
NAME HANKINS, WENDY
STREET ADDRESS 555 SEMINOLE WOODS BLVD.
CITY-ST-ZIP GENEVA FL 32732
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 500001427185
1.4 CITY-ST-ZIP -03/10/95--01171--005
2.1 TITLE Change Addition
2.2 NAME VD GIBSON, ROY
2.3 STREET ADDRESS 2444 FIELDSWOOD
2.4 CITY-ST-ZIP MAILLAND FL 32151-3633
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME TD MCMORROW, CAROL
4.3 STREET ADDRESS 109 ROANN
4.4 CITY-ST-ZIP OVIEDO FL 32765
5.1 TITLE Change Addition
5.2 NAME SD ROGERS, DAWN
5.3 STREET ADDRESS 2923 TEMPLE TRAIL
5.4 CITY-ST-ZIP WINTER PARK FL 32789
6.1 TITLE Change 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)(g), 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: *X. Marvin R. Clark* President *1/20/95* (407) 331-4131
Signature and typed or printed name of signing officer or director