

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



Principal Place of Business: WINTER SPRINGS, INC. 395 TUSCAWILLA ROAD WINTER SPRINGS FL 32708
Mailing Address: WINTER SPRINGS, INC. 395 TUSCAWILLA ROAD WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 09/17/1981
3a. Date of Last Report: 03/08/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2159754	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMORROW, CAROL A 395 TUSKAWILLA RD WINTER SPRINGS FL 32708				81	Name	MARVIN R. CLARK	
				82	Street Address (P.O. Box Number Is Not Acceptable)	69 MAJORCA DR.	
				83		WINTER SPRINGS	
				84	City	FL	85 Zip Code
				22708			

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 617.0502, Florida Statutes.

SIGNATURE: *Marvin R. Clark* DATE: 2/13/96
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, MARVIN			1.2 NAME			
STREET ADDRESS	110 BEN OAKCOURT			1.3 STREET ADDRESS	69 MAJORCA DR		
CITY-ST-ZIP	SANFORD FL 32773			1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIBSON, ROY			2.2 NAME			
STREET ADDRESS	2464 FIELDINGWOOD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32713			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLARK, DAN			3.2 NAME			
STREET ADDRESS	2625 WRIGHT ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCMORROW, CAROL			4.2 NAME			
STREET ADDRESS	109 ROANN			4.3 STREET ADDRESS			
CITY-ST-ZIP	OVIEDO FL 32765			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERS, DAWN			5.2 NAME	DEBBIE MEYER HOFER		
STREET ADDRESS	2923 TEMPLE TRAIL			5.3 STREET ADDRESS	1405D NEWCOMB ROAD		
CITY-ST-ZIP	WINTER PARK FL 32789			5.4 CITY-ST-ZIP	ORLANDO FL 32826		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	900001747179		
STREET ADDRESS				6.3 STREET ADDRESS	-03/18/96--01070--011		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***61.25		

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: *Marvin R. Clark* DATE: 1/15/96 (407) 327-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

3/18/96

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