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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760056 (2)

1. Corporation Name
LORD OF LIFE FELLOWSHIP OF WINTER SPRINGS, INC.



Principal Place of Business WINTER SPRINGS, INC. 895 TUSCAWILLA ROAD WINTER SPRINGS FL 32708	Mailing Address WINTER SPRINGS, INC. 395 TUSCAWILLA ROAD WINTER SPRINGS FL 32708-3710
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3. Date Incorporated or Qualified 09/17/1981	3a. Date of Last Report 03/18/1996
4. FEI Number 59-2159754	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. 395 TUSKAWILLA ROAD	26. Suite, Apt. #, etc. 395 TUSKAWILLA ROAD
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

CLARK, MARVIN R
69 MAJORCA DRIVE
WINTER SPRINGS FL 32708

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, MARVIN	
STREET ADDRESS	69 MAJORCA DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, ROY	
STREET ADDRESS	2484 FIELDINGWOOD	
CITY-ST-ZIP	MAITLAND FL 32713	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, DAN	
STREET ADDRESS	2625 WRIGHT ROAD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCMORROW, CAROL	
STREET ADDRESS	109 ROANN	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEYERHOFER, DEBBIE	
STREET ADDRESS	14050 NEWCOMB ROAD	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD BILL PERRIN
2.3 STREET ADDRESS	1518 ELF STONE COURT
2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD AL PAFFORD
3.3 STREET ADDRESS	1004 LEEDS COURT
3.4 CITY-ST-ZIP	WINTER PARK, FL 32792
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	395 TUSKAWILLA ROAD
4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD MCMORROW, HORACE
5.3 STREET ADDRESS	395 TUSKAWILLA ROAD
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
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 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 _____

CR2E037 (9/96)