

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # 760056 (2)
 1. Corporation Name
LORD OF LIFE FELLOWSHIP OF WINTER SPRINGS, INC.



Principal Place of Business WINTER SPRINGS, INC. 395 TUSKAWILLA RD WINTER SPRINGS FL 32708 US	Mailing Address WINTER SPRINGS, INC. 395 TUSKAWILLA RD WINTER SPRINGS FL 32708 US
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3. Date Incorporated or Qualified 09/17/1981	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2159754		
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		

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

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 FL 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, MARVIN		1.2 NAME	
STREET ADDRESS 69 MAJORCA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PERRIN, BILL		2.2 NAME	VD LAWRENCE JAMES
STREET ADDRESS 1518 ELF STONE COURT		2.3 STREET ADDRESS	1393 LAPALOMA CIR.
CITY-ST-ZIP CASSELBERRY FL		2.4 CITY-ST-ZIP	WINTER SPR. FL 32708
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAFFORD, AL		3.2 NAME	
STREET ADDRESS 1006 LEEDS CT		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCMORROW, CAROL		4.2 NAME	TD MOORE, LAURIE
STREET ADDRESS 109 ROANN		4.3 STREET ADDRESS	1249 NATURES WAY
CITY-ST-ZIP OVIEDO FL 32765		4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCMORROW, HERACE		5.2 NAME	SD PERRIN, BILL
STREET ADDRESS 395 TUSKAWILL RD		5.3 STREET ADDRESS	1518 ELF STONE COURT
CITY-ST-ZIP WINTER GARDENS FL		5.4 CITY-ST-ZIP	CASSELBERRY, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Laurie Moore **LAURIE MOORE** 4/26/98 359-0638

CR2E037 (10/97)