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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760056

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



2. Principal Place of Business

21 **LORD OF LIFE**

2a. Mailing Address

26 **LORD OF LIFE**

3. Date Incorporated or Qualified
09/17/1981

Suite, Apt. #, etc.

22 **395 TUSKAWILLA ROAD**

Suite, Apt. #, etc.

27 **395 TUSKAWILLA ROAD**

4. FEI Number
59-2159754

Applied For
 Not Applicable

City & State

23 **WINTER SPRINGS FL**

City & State

28 **WINTER SPRINGS FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 **32708**

Country

25 **US**

Zip

29 **32708**

Country

30 **US**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **CLARK, MARVIN**
 STREET ADDRESS **69 MAJORCA DRIVE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VD** DELETE
 NAME **LAWRENCE, JAMES**
 STREET ADDRESS **1393 LAPALOMA CIRCLE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VD** DELETE
 NAME **PAFFORD, AL**
 STREET ADDRESS **1006 LEEDS CT**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **TD** DELETE
 NAME **MOORE, LAURIE**
 STREET ADDRESS **1249 NATURES WAY**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **SD** DELETE
 NAME **PERRIN, BILL**
 STREET ADDRESS **1518 EIF STONE COURT**
 CITY-ST-ZIP **CASSELBERRY FL**

TITLE DELETE
 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
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **CLERK**
 2.3 STREET ADDRESS **HORACE MEMORROW**
 2.4 CITY-ST-ZIP **395 TUSKAWILLA ROAD**
WINTER SPRINGS, FL 32708

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
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Signature Required* **R. Clark** **1/19/99** **(407)331-4131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)