

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996 *497*



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

DOCUMENT # 768660 (3)

1. Corporation Name
LAKE DORA ALLIANCE CHURCH, INC.

Principal Place of Business

15034 OLD HWY. 441
TAVARES FL 32778

Mailing Address

15034 OLD HWY. 441
TAVARES FL 32778

FILED

97 MAY 29 AM 11:04

SECRETARY OF STATE



REINSTATEMENT *90-97*

3. Date Incorporated or Qualified 05/26/1983	3a. Date of Last Report 03/13/1995
4. FEI Number 59-2293421	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 type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name WM. NATHAN WHITE, JR.
82 Street Address (P.O. Box is Not Acceptable) 4052 LAKE ELEANOR DR.
83
84 City MOUNT DORA
85 State Code FL
86 Zip Code 32757

9. Name and Address of Current Registered Agent

ECKERT, WILLIAM E. 1227 NASSAU CIR. TAVARES FL 32778
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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, to 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 *WM. NATHAN WHITE, JR.* 3/13/97
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	SD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKERT, WILLIAM E.	1.2 NAME	2000002199908--3
STREET ADDRESS	1227 NASSAU CIR.	1.3 STREET ADDRESS	-06/03/97--01067--016
CITY - ST - ZIP	TAVARES FL	1.4 CITY - ST - ZIP	****306.25 ****306.25
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, W. NATHAN	2.2 NAME	4052 LAKE ELEANOR DR
STREET ADDRESS	3020 RUBY DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, SUSAN K.	3.2 NAME	4052 LAKE ELEANOR DR.
STREET ADDRESS	3020 RUBY DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOUNT DORA, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SD SHARON MATZ
STREET ADDRESS		4.3 STREET ADDRESS	38322 DEERWOODS DR.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	EUSTIS, FL 32736
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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. 3/13/94

SIGNATURE: *WM. NATHAN WHITE, JR.* 352-343-8917
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)