FILE NOW: FILING FEE IS $61.25

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NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N27377** **(3)**

1. Corporation Name

LARRY MCFADDEN MINISTRIES, INC.

Principal Place of Business	Mailing Address
%TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO FL 32801	%TIMOTHY J. MANOR 215 NORTH EOLA DRIVE ORLANDO FL 32801

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21 First Baptist Church
Suite, Apt. #, etc.
22
City & State: 23 Orlando , FL
Zip: 24 32805 Country: 25 USA

2a. Mailing Address
26 3701 L.B. McLeod Rd.
Suite, Apt. #, etc.
27
City & State: 28 Orlando, FL
Zip: 29 32805 Country: 30 USA

4. FEI Number: 59-2905071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANOR, TIMOTHY J.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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 _____ DATE _____
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKEE, AUDREY		1.2 NAME		
STREET ADDRESS	5519 MEADOW PINE CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFADDEN, TERESA K.		2.2 NAME		
STREET ADDRESS	4514 WHEELHOUSE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VICKERY, ROBERT M.		3.2 NAME		
STREET ADDRESS	301 SALVADOR SQUARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCFADDEN, J.N.		4.2 NAME		
STREET ADDRESS	1215 LAKEVIEW CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREER SC		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALBERT, BILL		5.2 NAME		
STREET ADDRESS	4508 HAYLOCK DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, BOB		6.2 NAME		
STREET ADDRESS	5168 FAIRWAY OAKS DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL		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.

SIGNATURE: Larry McFadden 4/26/96 407-382-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)

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LARRY McFADDEN MINISTRIES, INC

Board of Directors - 1995-1996

ROBERTS, BOB (Chairman)
5168 Fairway Oaks Dr.
Windermere, FL 34786
876-1172 (h)
292-8992 (o)

ALBERT, BILL
4508 Haylock Dr.
Orlando, FL 32807
273-4680 (h)

EDDY, CARSON
1461 Montcalm St.
Orlando, FL 32806
859-5962 (h)
644-7455 (o)

FURUKAWA, DANNY
3501 Grant Blvd.
Orlando, FL 32804
246-1937 (h)
740-5566 (o)

HEMBREE, JOE
2813 Midsummer Dr.
Windermere, FL 34786
298-0019 (h)
841-9460 (o)

KIRKLAND, TOM
1325 Buckwood Dr.
Orlando, FL 32806
855-9399 (h)
836-2272 (o)

LaSOTA, RITA
2108 Forest Club Dr.
Orlando, FL 32804
291-9469 (h)

LONG, GEORGIA
812 Clayton St.
Orlando, FL 32804
423-0167 (h)
422-6934 (o)

McCULLY, MAC
2920 N. Westmoreland
Orlando, FL 32804
843-4990 (h)
425-6661 (o)

McFADDEN, J.N.
1215 Lakeview Circle
Greer, SC 29651
(803)877-0150 (h)

McFADDEN, LARRY
4514 Wheelhouse Ct.
Orlando, FL 32812
382-6545 (h)
425-2555 (o)

McKEE, AUDREY
5519 Meadow Pine Ct.
Orlando, FL 32819
351-6452 (h)
352-6800 (o)

SHOUP, TERRY
1122 Brookline Ct.
Winter Springs, FL 32708
699-4938 (h)
648-4784 (o)

VICKERY, BOB
301 Salvador Square
Winter Park, FL 32789
628-0076 (h)