

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N50978 (8)  
1. Corporation Name

THE LORD'S TABLE OF INDIAN RIVER COUNTY INC.



Principal Place of Business: P.O. BOX 78-0686 SEBASTIAN FL 32978  
Mailing Address: P.O. BOX 78-0686 SEBASTIAN FL 32978

3. Date Incorporated or Qualified: 09/21/1992  
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-3146002  
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  
MEYER, LINDA  
816 NORTH TAMAND CIR  
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent (81-85)  
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: *Linda Kadasewski-Meyer* LINDA KADASEWSKI-MEYER 1/29/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 PD MEYER, LINDA 816 NORTH TAMAND CIR BAREFOOT BAY FL  
 TD HENNESSEY, JAMES A. 5610 BUCKHORN PLACE MICCO FL  
 SD TRUESDALE, CAROLYN 856 MULBERRY ST SEBASTIAN FL  
 VD COLLIER, FREIDA 1010 CLEARMOUNT ST. SEBASTIAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP  
 21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP  
 31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP  
 41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP  
 51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP  
 61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 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: *Jos. A. Hennessey* 1-29-96 407-6640705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)