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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

P.O. BOX 78-0686  
SEBASTIAN FL 32978

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SEBASTIAN FL 32978-0686

3. Date Incorporated or Qualified  
09/21/1992

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3146002

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, LINDA  
816 NORTH TAMAIND CIR  
BAREFOOT BAY FL 32976

CHANGE

81 Name  
CONWAY, ROBERT

82 Street Address (Not Applicable)  
1589 POLYNESIAN LANE

83  
SEBASTIAN, FL.

84 City

32958 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

*Robert Conway*

1-29-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME MEYER, LINDA  
STREET ADDRESS 816 NORTH TAMAIND CIR  
CITY-ST-ZIP BAREFOOT BAY FL

1.1 TITLE PD  Change  Addition  
1.2 NAME Conway, Robert CONWAY  
1.3 STREET ADDRESS 1589 POLYNESIAN LANE  
1.4 CITY-ST-ZIP Sebastian, Fl. 32958

TITLE TD  DELETE  
NAME HENNESSEY, JAMES A.  
STREET ADDRESS 5610 BUCKHORN PLACE  
CITY-ST-ZIP MICCO FL

2.1 TITLE SEC  Change  Addition  
2.2 NAME CAROLYN TRUESDALE  
2.3 STREET ADDRESS 856 MULBERRY ST  
2.4 CITY-ST-ZIP SEBASTIAN FLA 32958

TITLE SD  DELETE  
NAME TRUESDALE, CAROLYN  
STREET ADDRESS 856 MULBERRY ST  
CITY-ST-ZIP SEBASTIAN FL

3.1 TITLE TD  Change  Addition  
3.2 NAME JAMES M RAMIE  
3.3 STREET ADDRESS 314 E DOLPHIN CIRCLE  
3.4 CITY-ST-ZIP BAREFOOT BAY FLA 32976

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE VP  Change  Addition  
4.2 NAME MEYER, LINDER  
4.3 STREET ADDRESS 816 N. TAMARIND CIRCLE  
4.4 CITY-ST-ZIP BAREFOOT BAY, FL. 32976

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE VP  Change  Addition  
5.2 NAME BARBARA TANNEHILL  
5.3 STREET ADDRESS 717 AMARYLLIS DRIVE  
5.4 CITY-ST-ZIP BAREFOOT BAY, 32976

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
400002086081  
-02/13/97--01007--001  
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14. I do 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:

*Robert Conway*

1-29-97

589-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 002 1002

CR2E037 (9/96)