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Apr 24 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 # **N93000003387 (8)**

1. Corporation Name
LAUREL WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
1040 TRUMAN CR. NOKOMIS FL 34275	P.O. BOX 235 LAUREL FL 34272-0235 US

3. Date Incorporated or Qualified: 07/23/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1025 Aron Circle
Suite, Apt. #, etc.
22
City & State
23 Nokomis, FL
Zip 24 34275 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0437762 ☐ 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

RENNO, TOM
1040 TRUMAN CR.
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name: Tom Renno
82 Street Address (P.O. Box Number is Not Acceptable): 1025 Aron Circle
83
84 City: Nokomis **FL** 85 Zip Code: 34275

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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RENNO, TOM		1.2 NAME		
STREET ADDRESS	1040 TRUMAN CR.		1.3 STREET ADDRESS	1025 Aron Circle	
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOLTZFUS, TODD		2.2 NAME		
STREET ADDRESS	502 JESSICA ST S		2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	YODER, RENEE		3.2 NAME		
STREET ADDRESS	3906 MEADOW CREEK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, MICHAEL		4.2 NAME		
STREET ADDRESS	1696 FIESTA DR.		4.3 STREET ADDRESS	2401 Cowpen Lane	
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CITY-ST-ZIP	Sarasota, FL 34240	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	KAUFFMAN, AMOS		5.2 NAME	Steven H. Weber	
STREET ADDRESS	3911 COUNTRYVIEW CR.		5.3 STREET ADDRESS	1238 Waterside Lane	
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE		☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME			6.2 NAME	Darlene Dooling	
STREET ADDRESS			6.3 STREET ADDRESS	204 Jessica St. N.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Nokomis, FL 34275	

CR2E037 (9/96)

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: Renee L. Yoder (Renee L. Yoder) 4-16-97 941-484-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064015