

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000002548

1. Corporation Name

APPLE SEEDS CHRISTIAN GROWING CENTER, INC.

Principal Place of Business

C/O ST. ANDREWS PRESBYTERIAN CHURCH  
705 MICHIGAN BLVD  
DUNEDIN FL 34698

Mailing Address

C/O ST. ANDREWS PRESBYTERIAN CHURCH  
705 MICHIGAN BLVD  
DUNEDIN FL 34698

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90014 041 \*\*\*\*61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/04/1998	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		59-3509616	
4 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HUPP, WILFRED H  
705 MICHIGAN BLVD  
DUNEDIN FL 34698

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

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	COMMISSIONER CHAIR	1.1 TITLE	DIRECTOR
NAME	MARCIA KAGAY	1.2 NAME	RHONDA FURNO
STREET ADDRESS	2299 LAGOON DR	1.3 STREET ADDRESS	1451 PATRICIA AVE
CITY-ST-ZIP	DUNEDIN FL 34698-2531	1.4 CITY-ST-ZIP	DUNEDIN, FL 34698-4410
TITLE	TREASURER	2.1 TITLE	
NAME	STEPHEN G. SHADE	2.2 NAME	
STREET ADDRESS	357 FOXGROVE DR EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	SCHOOL DIRECTOR	3.1 TITLE	
NAME	MARY LOU RADOVANIC	3.2 NAME	
STREET ADDRESS	1782 PATRICIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	
NAME	LOIS L TURNER	4.2 NAME	
STREET ADDRESS	1055 B INDIANA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	
NAME	ALLEN EDELMAN	5.2 NAME	
STREET ADDRESS	1680 HONEYBEAR LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698-2307	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR	6.1 TITLE	
NAME	PAMELA GO CAMPBELL	6.2 NAME	
STREET ADDRESS	1443 VERMONT	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34687-3890	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

STEPHEN G. SHADE

Date

7/6/99

Daytime Phone #

727-299-7606

CR2E037 (5/99)