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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N98000004983

1. Corporation Name
HUNTER'S CREEK COMMUNITY CHURCH, INC.

372625 - 90039 - 50 5 *

Principal Place of Business
 C/O/ MARK DANIEL
 1855 RAYMOND DR.
 ST. CLOUD FL 34769
 3190 TIMUCUA CIRCLE
 ORLANDO, FL 32837-7126

Mailing Address
 C/O/ MARK DANIEL
 1855 RAYMOND DR.
 ST. CLOUD FL 34769
 3190 TIMUCUA CIRCLE
 ORLANDO, FL 32837-7126



21	2. Principal Place of Business MARK DANIEL	2a. Mailing Address	3. Date Incorporated or Qualified 08/26/1998
22	Suite, Apt. #, etc. 3190 TIMUCUA CIR	Suite, Apt. #, etc.	4. FEI Number 59-3529913
23	City & State ORLANDO, FL 32837	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.
24	Zip 32837	Country OCANOE	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent DANIEL, MARK 1855 RAYMOND DR. ST. CLOUD FL 34769	10. Name and Address of New Registered Agent 81 Name MARK DANIEL 82 Street Address (P.O. Box Number is Not Acceptable) 3190 TIMUCUA CIR 83 84 City ORLANDO FL 85 Zip 32837
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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: *Mark Daniel* DATE: **1/17/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK DANIEL (D)	1.2 NAME	
STREET ADDRESS	3190 TIMUCUA CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER DANIEL (D)	2.2 NAME	
STREET ADDRESS	4319 ROXSHIRE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	JIM WHITE, TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM WHITE (D)	3.2 NAME	
STREET ADDRESS	1847 RICHARDSON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD, FL 34771	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *MARLENE ANIERE REYNOLDS* DATE: **1/13/99** 888-4631
 407-850-0555

CR2E037 (1/198)