FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 15 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716296 (9)

1. Corporation Name
HOWELL BRANCH FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
7540 GRAND AVE. WINTER PARK FL 32792 US	7540 GRAND AVE. WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1969
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1404353 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
39 WEST PINE ST
ORLANDO FL 32801-9611

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ANDREE, JEFF	1.2 NAME	Fredrickson, William	
STREET ADDRESS	3480 HARROW LANE	1.3 STREET ADDRESS	1632 Thornhill Circle	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, STEVE	2.2 NAME	Koopman, Bob	
STREET ADDRESS	7844 BROKEN ARROW TRAIL	2.3 STREET ADDRESS	1530 Antoinette Ct.	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	BEATES, MIKE	3.2 NAME		
STREET ADDRESS	8724 TOTTENHAM COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	LEIGH, RICHARD A	4.2 NAME		
STREET ADDRESS	1035 LANCELOT WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	BEAVER, TIMOTHY	5.2 NAME		
STREET ADDRESS	609 OAK MANOR CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Richard A. Leigh 2-22-95 407-421-5154
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0031000