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Apr 22 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 # 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 32792-7339  
US



3. Date Incorporated or Qualified  
04/02/1969

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 D ☒ DELETE  
NAME ANDREE, JEFF  
STREET ADDRESS 3480 HAWK LANE  
CITY-ST-ZIP OVIEDO FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Fitzgerald, Jim  
1.3 STREET ADDRESS 3600 N. Chickasaw Trail  
1.4 CITY-ST-ZIP Orlando, FL 32817

TITLE D ☐ DELETE  
NAME BROWN, STEVE  
STREET ADDRESS 7844 BROKEN ARROW TRAIL  
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME BEATES, MIKE  
STREET ADDRESS 6724 TOTTENHAM COURT  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LEIGH, RICHARD A  
STREET ADDRESS 2121 SHADYHILL TERR  
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME BEAVER, TIMOTHY  
STREET ADDRESS 609 OAK MANOR CIRCLE  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Willis, Scott  
6.3 STREET ADDRESS 807 Ponderosa Pine Ct  
6.4 CITY-ST-ZIP Orlando, FL 32826

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:

*[Signature]*

4-13-97 407-671-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0015480

CR2E037 (9/96)