

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722080 1. Corporation Name CIRCLE COMMUNITY CHURCH, INC.	(9)
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Principal Place of Business 9545 LAKE BREEZE ROAD ORLANDO FL 32808-3028 US	Mailing Address 9545 LAKE BREEZE ROAD ORLANDO FL 32808-3028 US
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2. Principal Place of Business 21 2200 Pembroke Dr Suite, Apt. #, etc.	2a. Mailing Address 26 Pembroke Dr Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	27 City & State 28 Orlando, FL
24 Zip 32810	25 Country Orange
29 Zip 32810	30 Country Orange

9. Name and Address of Current Registered Agent HOFFMANN, RON 1273 CARDINAL CT ALTAMONTE SPRINGS FL 32714	
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3. Date Incorporated or Qualified 11/11/1971	
4. FEI Number 23-7168662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD LISECH, HOWARD
STREET ADDRESS	2100 RED GATE RD.
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HOFFMANN, P. R III
STREET ADDRESS	1273 CARDINAL CT
CITY - ST - ZIP	ALTAMONTE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD BERG, JEFFREY
STREET ADDRESS	7335 COOK LANE
CITY - ST - ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD JOHNSON, JESSE
STREET ADDRESS	2504 RECTOR AVENUE
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jullin, Stan
5.3 STREET ADDRESS	1776 Blackwood Ave
5.4 CITY - ST - ZIP	Gotha FL 34734
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Van Vliet, Dean
6.3 STREET ADDRESS	716 Panama Pl
6.4 CITY - ST - ZIP	Sanford FL 32771

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.

SIGNATURE: Howard Lisech **Howard Lisech, Elder Chairman 4/20/98 660-3000**

CR2E037 (10/97)