

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716296 (9)

1. Corporation Name
HOWELL BRANCH FELLOWSHIP, INC.



Principal Place of Business 7540 GRAND AVE. WINTER PARK FL 32792 US	Mailing Address 7540 GRAND AVE. WINTER PARK FL 32792 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/02/1969
4. FEI Number 59-1404353
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

8. Name and Address of Current Registered Agent

**LEIGH, RICHARD A
39 WEST PINE ST
ORLANDO FL 32801-9811**

10. Name and Address of New Registered Agent

**81 Name RICHARD A. LEIGH
82 Street Address (P.O. Box Number is Not Acceptable) 1801 LEE ROAD
83 SUITE 360
84 City WINTER PARK FL 85 Zip Code 32789-2165**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4-25-98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FITZGERALD, JIM
STREET ADDRESS	3600 N CHICKASAW TRAIL
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BROWN, STEVE
STREET ADDRESS	7844 BROKEN ARROW TRAIL
CITY-ST-ZIP	WINTER PARK FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	BEATES, MIKE
STREET ADDRESS	6724 TOTTENHAM COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LEIGH, RICHARD A
STREET ADDRESS	2121 SHADYHILL TERR
CITY-ST-ZIP	WINTER PARK FL
TITLE	T <input type="checkbox"/> DELETE
NAME	BEAVER, TIMOTHY
STREET ADDRESS	609 OAK MANOR CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIS, SCOTT
STREET ADDRESS	807 PONDEROSA PINE CT
CITY-ST-ZIP	ORLANDO FL

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 checked="" type="checkbox"/> Addition
2.2 NAME	D LANPHEAR, RON
2.3 STREET ADDRESS	9865 LAKE GEORGIA DRIVE
2.4 CITY-ST-ZIP	ORLANDO, FL 32817
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **4/26/98 (407)826-2807**

CR2E037 (10/97)