


FILE NOW: FILING FEE IS \$ 61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701129 (9)
1. Corporation Name
ADVENT CHRISTIAN CHURCH OF LAKE LAND, FLORIDA INC.

Principal Place of Business / FLORIDA INC 1211 NEW JERSEY RD LAKE LAND FL 33801	Mailing Address / FLORIDA INC 1211 NEW JERSEY RD LAKE LAND FL 33801-5953
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/25/1960	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2163030		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Finance Reporting <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent COOKSON, KIMBLE 1205 NEW JERSEY RD. LAKE LAND FL 33801		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	
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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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
12. OFFICERS AND DIRECTORS			
TITLE	SD	13. <input type="checkbox"/> DELETE	1.1 TITLE STD
NAME	CASEY, GUY E		1.2 NAME SECRETARY
STREET ADDRESS	2532 GOLFVIEW ST		1.3 STREET ADDRESS TREASURER
CITY-ST-ZIP	LAKE LAND FL 33801		1.4 CITY-ST-ZIP DIRECTOR
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	COOKSON, KIMBLE		2.2 NAME
STREET ADDRESS	1205 NEW JERSEY RD.		2.3 STREET ADDRESS
CITY-ST-ZIP	LAKE LAND FL 33801		2.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE DIRECTOR
NAME	BRADY, JOANN		3.2 NAME
STREET ADDRESS	3809 CHARTER RD.		3.3 STREET ADDRESS
CITY-ST-ZIP	LAKE LAND FL 33809		3.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	ELDRIDGE, FREDRICK		4.2 NAME
STREET ADDRESS	1104 BARTOW RD. S APT D-45		4.3 STREET ADDRESS 300002530413
CITY-ST-ZIP	LAKE LAND FL 33801		4.4 CITY-ST-ZIP -05/20/98-01087-015
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
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
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 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.

Guy E Casey 474498 941428-7500-5125