


FILE NOW: FILING FEE IS \$61.25

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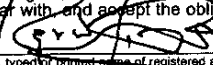
NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 701887 1. Corporation Name ST. MICHAEL'S CHURCH		
Principal Place of Business 2499 N. WESTMORELAND DR ORLANDO FL 32804 US	Mailing Address 2499 N. WESTMORELAND DRIVE ORLANDO FL 32804 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/15/1951
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-0782458
24. Country	29. Country	Applied For
25. Country	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
NOWELL, JOHN 1406 MAGNA COURT ORLANDO FL 32804		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NOWELL, JOHN 1406 MAGNA COURT ORLANDO FL 32804		81. Name The Rev. Roger Hamilton	
		82. Street Address (P.O. Box Number is Not Acceptable) 4018 Shorecrest Dr.	
		83. Orlando, FL 32804	
		84. City	85. Zip Code
		FL	32804

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  **Roger J. Hamilton** DATE **February 24, 1999**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, THE REV. WARRE	1.2 NAME	Hamilton, The Rev. Roger
STREET ADDRESS	2202 WINNEBAGO TRAIL	1.3 STREET ADDRESS	4018 Shorecrest Drive
CITY-ST-ZIP	FERN PARK FL 32730	1.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LEONARD E. JR.	2.2 NAME	
STREET ADDRESS	1119 BELLEAIRE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRTH, WILLIAM C.	3.2 NAME	
STREET ADDRESS	3203 ARDSLEY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, ROSTON	4.2 NAME	
STREET ADDRESS	818 WILKINSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, SALLY S.	5.2 NAME	
STREET ADDRESS	814 SEMINOLE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWELL, JOHN	6.2 NAME	
STREET ADDRESS	1406 MAGNA COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	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, with all other like empowered.

SIGNATURE:  **REQUIRED** Roger J. Hamilton DATE **2/24/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)