

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:48

DOCUMENT # 702017 (5)

1. Corporation Name
PINE CASTLE METHODIST CHURCH INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business ATTENTION - FINANCIAL SECRETARY 731 EAST FAIRLANE AVENUE ORLANDO FL 32809	Mailing Address ATTENTION - FINANCIAL SECRETARY 731 EAST FAIRLANE AVENUE ORLANDO FL 32809
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3. Date Incorporated or Qualified 09/17/1970	3a. Date of Last Report 02/22/1994
4. FEI Number 59-0816459	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

SIGRIST, ROBERT
3821 GATLIN RIDGE DRIVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, JAMES 536 LAKE MARY JESS SHORES ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIGRIST, ROBERT 3821 GATLIN RIDGE DRIVE ORLANDO, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONEY, JAMES 400 LYNWELL DRIVE ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELOACH, DAVID 1342 CAMPBELL STREET ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD HOFFNER, CHARLES 3153 TOURAINE AV ORLANDO FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD MORSE, FRANK L 2712 ZEPHYR RD ORLANDO FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	 32806 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is a complete and true report as to 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 at the time of the filing of this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if provided, or in an attachment with an address.

SIGNATURE: Robert E Sigrist 13 JAN 95 (407) 438-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR