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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90249 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 703180</b>					
1. Corporation Name <b>SKY LAKE BAPTIST CHURCH INC</b>					
Principal Place of Business 6229 WINEGARD ROAD ORLANDO FL 32809			Mailing Address 6229 WINEGARD ROAD ORLANDO FL 32809		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/13/1961	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2469465	
Country		Country		Applied For	
24		30		Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>SCHNEFF, D 5143 CREUSOT CT. ORLANDO FL 32809</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL 32839</b>		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			1.1 TITLE		
NAME			1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
D TRIPPE, WALTER 5495 LAKE JESSAMINE DR ORLANDO, FL 32809			D CONVILLE, JOE 5309 HAWFORD Cir. ORLANDO, FL 32812		
X DELETE			X ADDITION		
TITLE			2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
D TRIPPE, GREG 7464 WAYLAND BLVD ORLANDO FL			D KOCHAR, Bill 2648 DABANY RD. KISSIMMEE, FL 34744		
X DELETE			X ADDITION		
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
DOST DOSTER, GLENNIE 851 EVANGELINE AVE. ORLANDO FL					
X DELETE					
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
T HOLMES, OLIVER W. JR. 6813 VON BAMPUS DR. ORLANDO FL					
X DELETE					
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
D SNYDER, THOMAS 7530 CONWAY RD. ORLANDO, FL 32809					
X DELETE					
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

*OLIVER W. HOLMES JR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 407 859-8984  
Date Daytime Phone #

CR2E037 (11/98)