

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714389 (4)
1. Corporation Name
GOSPEL LIGHT BAPTIST CHURCH OF WINTER PARK, INC.



Principal Place of Business
3838 HOWELL BRANCH RD
WINTER PARK FL 32792-7547
US

Mailing Address
3838 HOWELL BRANCH RD
WINTER PARK FL 32792-7547
US

3. Date Incorporated or Qualified 04/03/1968	3a. Date of Last Report 02/09/1995
4. FEI Number 59-2450910	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent COON, STANLEY E. 7548 DOCKSIDE STREET WINTER PARK FL 32792	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 7507 Betty Street 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COON, STANLEY E. 7548 DOCKSIDE STREET WINTER PARK FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	7507 Betty Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	32792
TITLE	SD COON, GAIL LEE 7548 DOCKSIDE STREET WINTER PARK FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	7507 Betty Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	32792
TITLE	TD LANCASTER, WILLIAM 7491 BETTY ST WINTER PARK FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	32792
TITLE	D RASQUINHA, HARRY 1208 EVANGELINE AVENUE ORLANDO FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	32809
TITLE	D WALKLEY, GARY 4405 SUNSET LANE OVIEDO FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	32765
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TD
NAME		6.2 NAME	Stewart M. Coon
STREET ADDRESS		6.3 STREET ADDRESS	3838 Howell Branch Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Park, FL 32792

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 119.07(3)(k), 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: Stanley E. Coon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stanley E. Coon

7/1/96
Date

407-678-3890
Daytime Phone #