

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716105 (2)

1. Corporation Name

CHURCH OF CHRIST AT LAKE ELLEN, INC.

Principal Place of Business

3450 S.W. US HWY. 17 & 92
P.O. BOX 332
CASSELBERRY FL 32707

Mailing Address

3450 S.W. US HWY. 17 & 92
P.O. BOX 332
CASSELBERRY FL 32707



3. Date Incorporated or Qualified
02/24/1969

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7371398

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRONG, JOHN D
223 109 RANIER COVE
UNIT 109
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

11 TITLE D ☒ Change ☐ Addition

NAME POTTS, EARL
STREET ADDRESS 4505 HAYLOCK DRIVE
CITY-ST-ZIP ORLANDO FL

12 NAME ALLAN STIFFLER
13 STREET ADDRESS 2155 NOTTINGHAM DRIVE
14 CITY-ST-ZIP WINTER PARK, FL 32793

TITLE T ☒ DELETE

21 TITLE T ☒ Change ☐ Addition

NAME POTTS, EARL
STREET ADDRESS 4505 HAYLOCK DRIVE

22 NAME DOROTHY CAIN
STREET ADDRESS 1128 VIRGINIA AVE

TITLE ☐ DELETE

23 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

CITY-ST-ZIP ORLANDO FL

31 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

32 NAME

NAME CAIN, DOROTHY
STREET ADDRESS 1128 VIRGINIA AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS FL

33 STREET ADDRESS

TITLE PD ☐ DELETE

34 CITY-ST-ZIP ☐ Change ☐ Addition

NAME RENNER, DONALD
STREET ADDRESS 751 SUMMERLAND DR
CITY-ST-ZIP WINTER SPRINGS FL

41 TITLE

TITLE D ☐ DELETE

42 NAME

NAME STRONG, JOHN
STREET ADDRESS 223 RAVIER COVE, APT. 109
CITY-ST-ZIP CASSELBERRY FL

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

500001829055
-05/20/96-01040-001

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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, 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: DONALD RENNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407/34-7352

Daytime Phone #

CR2E037 (12/95)