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Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

3450 S.W. US HWY. 17 & 92  
P.O. BOX 332  
CASSELBERRY FL 327073450 S.W. US HWY. 17 & 92  
P.O. BOX 332  
CASSELBERRY FL 32707-29023. Date Incorporated or Qualified  
02/24/19693a. Date of Last Report  
05/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRONG, JOHN D 231 EVEREST POINT #101  
223 109 RAVEN COVE  
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 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 D S ☐ DELETENAME STIFFLER, ALLAN  
STREET ADDRESS 2155 NOTTINGHAM DR.  
CITY-ST-ZIP WINTER PARK FL 327931.1 TITLE ☐ Change ☐ AdditionNAME ☐ DELETETITLE T  
NAME CAIN, DOROTHY  
STREET ADDRESS 1128 VIRGINIA AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD ☒ DELETENAME CAIN, DOROTHY  
STREET ADDRESS 1128 VIRGINIA AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL2.1 TITLE ☐ Change ☒ AdditionNAME HORNING, CHERI  
STREET ADDRESS 400 PINTA PLACE  
CITY-ST-ZIP LONGWOOD, FL 32750TITLE PD ☒ DELETENAME RENNER, DONALD  
STREET ADDRESS 751 SUMMERLAND DR  
CITY-ST-ZIP WINTER SPRINGS FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME STRONG, JOHN  
STREET ADDRESS 223 RAVEN COVE, APT. 109  
CITY-ST-ZIP CASSELBERRY FL3.1 TITLE ☐ Change ☐ AdditionNAME PD RENNER, DONALD  
STREET ADDRESS 224 RAINIER COVE #110  
CITY-ST-ZIP CASSELBERRY, FL 32707TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☒ AdditionNAME D STRONG, JOHN  
STREET ADDRESS 231 EVEREST POINT #101  
CITY-ST-ZIP CASSELBERRY, FL 32707

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DON RENNER, President

Mar 19, 97

407-331-7352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012884

CR2E037 (9/96)