

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 716296 (9)

1. Corporation Name

HOWELL BRANCH FELLOWSHIP, INC.

Principal Place of Business

7540 GRAND AVE.
WINTER PARK FL 32792
US

Mailing Address

7540 GRAND AVE.
WINTER PARK FL 32792
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1969

3a. Date of Last Report

03/21/1994

4. FEI Number

59-1404353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LEIGH, RICHARD A
39 WEST PINE ST
ORLANDO FL 32801-9611

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ANDREE, JEFF

STREET ADDRESS

3480 HARROW LANE

CITY- ST- ZIP

OVIDO FL

TITLE

D

NAME

BROWN, STEVE

STREET ADDRESS

7844 BROKEN ARROW TRAIL

CITY- ST- ZIP

WINTER PARK FL

TITLE

DP

NAME

BEATES, MIKE

STREET ADDRESS

6724 TOTTENHAM COURT

CITY- ST- ZIP

ORLANDO FL

TITLE

SD

NAME

LEIGH, RICHARD A

STREET ADDRESS

1035 LANCELOT WAY

CITY- ST- ZIP

CASSELBERRY FL

TITLE

T

NAME

BEAVER, TIMOTHY

STREET ADDRESS

609 OAK MANOR CIRCLE

CITY- ST- ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

Fredrickson, William

1.3 STREET ADDRESS

1632 Thornhill Circle

1.4 CITY- ST- ZIP

Oviedo, FL 32765

2.1 TITLE

D

2.2 NAME

Koopman, Bob

2.3 STREET ADDRESS

1530 Antoinette Ct.

2.4 CITY- ST- ZIP

Oviedo, FL 32765

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Leigh

407-422-5754
2-22-95

DATE