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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **716296** **(9)**

1. Corporation Name

HOWELL BRANCH FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
7540 GRAND AVE. WINTER PARK FL 32792 US	7540 GRAND AVE. WINTER PARK FL 32792-7339 US

3. Date Incorporated or Qualified: 04/02/1969
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1404353 ☐ Applied For ☐ Not Applicable

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

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

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ANDREE, JEFF		1.2 NAME	Fitzgerald, Jim	
STREET ADDRESS	3480 HARROW LANE		1.3 STREET ADDRESS	3608 N. Chickasaw Trail	
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP	Orlando, Fl 32817	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, STEVE		2.2 NAME		
STREET ADDRESS	7844 BROKEN ARROW TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEATES, MIKE		3.2 NAME		
STREET ADDRESS	6724 TOTTENHAM COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEIGH, RICHARD A		4.2 NAME		
STREET ADDRESS	2121 SHADYHILL TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEAVER, TIMOTHY		5.2 NAME		
STREET ADDRESS	609 OAK MANOR CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Willis, Scott	
STREET ADDRESS			6.3 STREET ADDRESS	807 Ponderosa Pine Ct	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, Fl 32825	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4-13-97 407-671-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0018480