

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 # 728953 (1)
1. Corporation Name
THE CHURCH OF THE MESSIAH OF WINTER GARDEN, INC.



Principal Place of Business
**260 N. WOODLAND ST.
P.O. BOX 771044
WINTER GARDEN FL 34777-1044**

Mailing Address
**260 N. WOODLAND ST.
P.O. BOX 771044
WINTER GARDEN FL 34777-1044**

3. Date Incorporated or Qualified
02/27/1974

3a. Date of Last Report
02/17/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1440066		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**RADEBAUGH, JAMES G, REV
5380 ALLIGATOR LAKE ROAD
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent

81 Name **Donald R Greer**
82 Street Address (P.O. Box Number is Not Acceptable)
260 N. Woodland St.
83 **PO Box 771044**
84 City **Winter Garden** FL 85 **34789**

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 provisions of, Section 617.0503 Florida Statutes.

SIGNATURE **William M. Greer, Donald R Greer, T** DATE **1/18/96**
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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATHAM, BETTYE	1.2 NAME	
STREET ADDRESS	1 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, DONALD R.	2.2 NAME	
STREET ADDRESS	1119 S. OAKDALE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADEBAUGH, JAMES G	3.2 NAME	
STREET ADDRESS	5380 ALLIGATOR LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	
TITLE	SE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, RODGER	4.2 NAME	
STREET ADDRESS	6229 CHINABERRY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUSFIELD, ROBERT	5.2 NAME	
STREET ADDRESS	3181 ARALON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, WILLIAM S.	6.2 NAME	
STREET ADDRESS	535 W 2 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	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)(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: **William M. Greer** DATE **1/18/96** 402-876-2901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)