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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/27/1974	
4. FEI Number 59-1440066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent
**GREER, DONALD R
260 N. WOODLAND ST.
P.O. BOX 771044
WINTER GARDEN FL 34784**

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S TATE, PATRICIA
STREET ADDRESS	1246 MARKEL DR
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	T GREER, DONALD R.
STREET ADDRESS	1119 S. OAKDALE ST.
CITY - ST - ZIP	WINDERMERE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JOHNSON, THOMAS
STREET ADDRESS	17719 TEMPLE ST
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	<input type="checkbox"/> DELETE
NAME	P RSTUERFORD, THOMAS
STREET ADDRESS	116 W DIVISION ST
CITY - ST - ZIP	WINTER GARDEN FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BRADFORD, WILLIAM S.
STREET ADDRESS	535 W 2 AVE
CITY - ST - ZIP	WINDERMERE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CHASE, FRANKLIN W IV
STREET ADDRESS	935 OAKDALE ST
CITY - ST - ZIP	WINDERMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S JOYCE ADAMS
1.3 STREET ADDRESS	535 RIDGEWOOD DR
1.4 CITY - ST - ZIP	WINDERMERE FL 34786
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D MIKE MOORE
2.3 STREET ADDRESS	9792 WILD OAK DR
2.4 CITY - ST - ZIP	WINTER GARDEN FL 34787
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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: *Donald R Greer* **2/12/98** **407-876 2901**

CR2E037 (10/97)