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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731440

1. Corporation Name

ASHTON COMMUNITY CHURCH OF OSCEOLA COUNTY, INC.

Principal Place of Business

Mailing Address

1215 NO. HICKORY TREE ROAD
ST. CLOUD FL 34771
US

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ST. CLOUD FL 34771
US



2. Principal Place of Business (21-23), 2a. Mailing Address (26-28), 3. Date Incorporated or Qualified (12/23/1974), 4. FEI Number (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)

9. Name and Address of Current Registered Agent (CORBETT, EVA F, 922 WYOMING AVENUE, ST. CLOUD FL 34770), 10. Name and Address of New Registered Agent (81-85)

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 (TR BRIDGES, THOMAS F, MARION FRED TOMS, SIKES, CHARLES, LONG, OSCAR P, EVA HARRELL, T TR SHAFFER, DEBY), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (D P.O. Box 422397, P/D, D Diana Triplett, S/D, T/D)

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, with all other like empowered.

SIGNATURE: Marion Fred Toms, Pres. (407)892-3818

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