1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90006 019 ****70.00

DOCUMENT #	731	440

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

									-			** (
2.	Principal Place of Business	2a 26	. Mailing Address				3.	Date Incorporated or Qual 12/23/1974	ifed			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.				4.	FEI Number NOT APPLICABLE	-		_	Applied For Not Applicable
22	City & State	28	City & State				5.	Certifcate of Status Desire	od .	Ø		75 Additional se Required
24	Zip Country	29	Zip 30	Country			Election Campaign Financin Trust Fund Contribution			\$5.00 May Be Added to Fees		•
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
_	Thailie whe had you at the same			81	ħ	Name						
CORBETT, EVA F 922 WYOMING AVENUE				82	2 Street Address (P.O. Box Number is Not Acceptable)							
ST. CLOUD FL 34770			83	Γ								
				84	1	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.												
s	IGNATURE		ALOTE O			gnature required v		olertation)		DATE		
	Signature, typed or printed name of registered agent at			13.	11 8K	griature required s		ADDITIONS/CHANGES TO	OF		DIR	ECTORS IN 12
12	2. OFFICERS AND	UIRI	ECTORS	33.	_	r		ADDITIONO OF INNOCO TO	- 911		127 (1	

SIGNATURE		ALOTE D	gistered Agent signature r	and sod when valuateting)	DATE	
	Signature, typed or printed name of registered agent and title if applicat	_ 	distered Agent signature in	ADDITIONS/CHANGES TO OFF		RS IN 12
12.	OFFICERS AND DIRECTOR			ADDITIONS/CHANGES TO OTT	Change	Addition
TITLE	TR	☐ DELETE	1.1 TITLE	ID .		AUGILION
NAME	BRIDGES, THOMAS F		1.2 NAME	n o n 433307	1 1	.
STREET ADDRESS	N.A.		1.3 STREET ADDRESS	P.O. Box 422397	•	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	Kissimmee, FL 3474		
TITLE	Ρ	☐ DELETE	2.1 TITLE	P/D	Change	X Addition
NAME	MARION FRED TOMS	-	2.2 NAME		·	~~···
STREET ADDRESS	5270 STARLINE DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL		2. 4 CITY-ST-ZIP			
TITLE	TR	DELETE	3.1 TITLE	D	Change	Addition
NAME	SIKES, CHARLES		3.2 NAME		-	1
STREET ADDRESS	12 LIND AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL		3.4. CITY-ST-ZIP		<u> </u>	
TITLE	TR	₩ DELETE	4.1 TITLE	Þ	x [□] Change	x☐ Addition
NAME	LONG, OSCAR P		4. 2 NAME	Diana Triplett		
STREET ADDRESS	1240 HICKORY TREE ROAD		4.3 STREET ADDRESS	2980 Windsong Lane		
CITY-ST-ZIP	ST CLOUD FL		4.4 CITY-ST-ZIP	St. Cloud, FL 3477	2	
TITLE	S	☐ DELETE	5.1 TITLE	S/D	Change	>√ Addition
NAME	EVA HARRELL		5.2 NAME			
STREET ADDRESS	PO BOX 701945 - 922 WYOMING AVE.		5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34770		5.4 CITY-ST-ZIP		<u> </u>	
TITLE	T TR	☐ DELETE	6.1 TIYLE	T/D	Change	Addition
NAME - '	Shaffer, Deby		6.2 NAME			
STREET ADDRESS	4754 MEADOW DRIVE		6.3 STREET ADDRESS			,
	ST CLOUD EL		64 City-St-7IP			

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 suppliemental 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 adverse, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONIREMATION Fred Toms, Pres.

(407)892-3818

Daytime Phone

(11/98)