

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 761978 (6)**  
1. Corporation Name  
**MISSIONARY CHURCH FLORIDA DISTRICT INC.**



Principal Place of Business <b>304 MONTICELLO DRIVE ALTAMONTE SPRINGS FL 32701</b>	Mailing Address <b>304 MONTICELLO DRIVE ALTAMONTE SPRINGS FL 32701</b>
---	---

3. Date Incorporated or Qualified <b>02/15/1982</b>	
4. FEI Number <b>31-1018785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 tangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 2a Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**STROTHER, MAX  
304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent 81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STROTHER, MAX</b>		1.2 NAME	
STREET ADDRESS <b>304 MONTICELLO DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32701</b>		1.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUNT, DUANE</b>		2.2 NAME	
STREET ADDRESS <b>2583 THORNHILL RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>AUBURNDALE FL 33823</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREENE, RICHARD</b>		3.2 NAME	
STREET ADDRESS <b>1912 NEBRASKA AVE.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM HARBOR FL 34683</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SHUCK, FORREST</b>		4.2 NAME	
STREET ADDRESS <b>5117 PAHARAMA AVE.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLIDAY FL 34690</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*Bill De Weese*  
*754 Arthur's court*  
*Tarpon Springs, FL 34689*

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: *Max Strother* **MAX STROTHER** 3/10/98 407-339-2532

CR2E037 (10/97)