
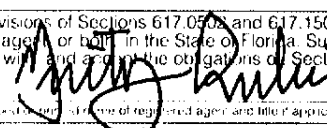
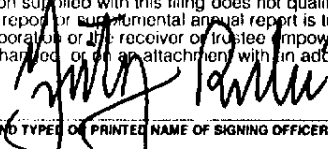


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS													
<b>DOCUMENT # 768180</b> 1. Corporation Name <b>THE CHURCH OF THE LOST &amp; FOUND, INC.</b>																	
Principal Place of Business <b>6925 N. DALE MABRY HWY.</b> <b>TAMPA, FL. 33614</b>			Mailing Address <b>6925 N. DALE MABRY HWY.</b> <b>TAMPA, FL. 33614</b>														
2. Principal Place of Business 21 <b>6925 N. DALE MABRY HWY</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6925 N. DALE MABRY HWY</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>4/20/83</b>													
22 City & State <b>TAMPA FL.</b>		27 City & State <b>TAMPA, FL.</b>		3a. Date of Last Report <b>1/27/97</b>													
23 Zip <b>33614</b>		28 Zip <b>33614</b>		4. FEI Number <b>59-1296147</b>													
24 Country <b>U.S.A.</b>		29 Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
25 Country <b>U.S.A.</b>		30 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>													
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
9. Name and Address of Current Registered Agent <b>FRITZ G. RUHE</b> <b>6020 LAKESIDE DRIVE</b> <b>LUTZ, FLORIDA 33549</b>			10. Name and Address of New Registered Agent 81 Name <b>N/A</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code														
11. Pursuant to the provisions of Sections 617.0503 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:  <b>ADMINISTRATIVE PASTOR</b> <b>2/15/97</b> (NOTE: Registered Agent signature required when reinstating)																	
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">           TITLE  <b>DIRECTOR</b> <input type="checkbox"/> DELETE            NAME  <b>PULLAN, RICH</b>            STREET ADDRESS  <b>10751 GLENN ELMAN DR. TPA 33624</b>            CITY - ST - ZIP         </td> <td style="width: 50%;">           11 TITLE            12 NAME            13 STREET ADDRESS            14 CITY - ST - ZIP         </td> </tr> <tr> <td>           TITLE  <b>DIRECTOR</b> <input type="checkbox"/> DELETE            NAME  <b>VENZOR, OSCAR</b>            STREET ADDRESS  <b>8619 LEIGHTON DR. TPA 33614</b>            CITY - ST - ZIP         </td> <td>           21 TITLE            22 NAME            23 STREET ADDRESS            24 CITY - ST - ZIP         </td> </tr> <tr> <td>           TITLE  <b>DIRECTOR</b> <input type="checkbox"/> DELETE            NAME  <b>RUHE, FRITZ</b>            STREET ADDRESS  <b>6020 LAKESIDE DR. LUTZ 33549</b>            CITY - ST - ZIP         </td> <td>           31 TITLE            32 NAME            33 STREET ADDRESS            34 CITY - ST - ZIP         </td> </tr> <tr> <td>           TITLE  <b>DIRECTOR</b> <input type="checkbox"/> DELETE            NAME  <b>DUNN, DANIEL</b>            STREET ADDRESS  <b>300 PARK ST. ODSSMAA FL. 34677</b>            CITY - ST - ZIP         </td> <td>           41 TITLE            42 NAME            43 STREET ADDRESS            44 CITY - ST - ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY - ST - ZIP         </td> <td>           51 TITLE            52 NAME            53 STREET ADDRESS            54 CITY - ST - ZIP         </td> </tr> <tr> <td>           TITLE  <input type="checkbox"/> DELETE            NAME            STREET ADDRESS            CITY - ST - ZIP         </td> <td>           61 TITLE            62 NAME            63 STREET ADDRESS            64 CITY - ST - ZIP         </td> </tr> </table>			TITLE <b>DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>PULLAN, RICH</b> STREET ADDRESS <b>10751 GLENN ELMAN DR. TPA 33624</b> CITY - ST - ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	TITLE <b>DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>VENZOR, OSCAR</b> STREET ADDRESS <b>8619 LEIGHTON DR. TPA 33614</b> CITY - ST - ZIP	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	TITLE <b>DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>RUHE, FRITZ</b> STREET ADDRESS <b>6020 LAKESIDE DR. LUTZ 33549</b> CITY - ST - ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	TITLE <b>DIRECTOR</b> <input type="checkbox"/> DELETE NAME <b>DUNN, DANIEL</b> STREET ADDRESS <b>300 PARK ST. ODSSMAA FL. 34677</b> CITY - ST - ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>VB 3-4</b> <b>400002103724</b> <b>-03/04/97--01075--008</b> <b>***70.00</b>		
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14. I do 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. <b>SIGNATURE:  FRITZ RUHE</b> <b>2/15/97 (813) 935-1400</b> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																	

CR2E037 (9/96)