


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90102 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768180					
1. Corporation Name THE CHURCH OF THE LOST AND FOUND, INC.					
Principal Place of Business C/O DANIEL K. DUNN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614 US			Mailing Address C/O DANIEL K. DUNN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/28/1983	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1296147	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUNN, DANIEL K 8837 BRENNAN CIRCLE, APT 104 TAMPA FL 33615				81 Name Daniel K. Dunn			
ADDAE 33 CONNECTION ONLY				82 Street Address (P.O. Box Number is Not Acceptable) 8304 Kirkwood Dr.			
				83 Tampa, FL 33634			
				84 City Tampa FL 85 Zip Code 33634			

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							
TITLE	D	<input type="checkbox"/> DELETE					
NAME	PULLEN, RICH						
STREET ADDRESS	10751 GLEN ELLEN DR						
CITY-ST-ZIP	TAMPA FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	VENZOR, OSCAR						
STREET ADDRESS	8619 LEIGHTON DR						
CITY-ST-ZIP	TAMPA FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	RUHE, FRITZ						
STREET ADDRESS	6020 LAKESIDE DR						
CITY-ST-ZIP	LUTZ FL						
TITLE	D	<input type="checkbox"/> DELETE					
NAME	DUNN, DANIEL K						
STREET ADDRESS	8837 BRENNAN CIRCLE, APT 104						
CITY-ST-ZIP	TAMPA FL 33615						
TITLE	D	<input checked="" type="checkbox"/> DELETE					
NAME	SACCO, GABRIEL						
STREET ADDRESS	6262 N 142ND AVE, N, #304						
CITY-ST-ZIP	CLEARWATER FL 34620						
TITLE		<input type="checkbox"/> DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/1/99 (813) 935-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)