FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:55

DOCUMENT # 768660 (3)

1. Corporation Name
LAKE DORA ALLIANCE CHURCH, INC.

Principal Place of Business	Mailing Address
15034 OLD HWY. 441 TAVARES FL 32778	15034 OLD HWY. 441 TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1983
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2293421 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ECKERT, WILLIAM E.
1227 NASSAU CIR.
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: WILLIAM E. ECKERT — 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	ECKERT, WILLIAM E.	1.2 NAME	
STREET ADDRESS	1227 NASSAU CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	[illegible]	2.2 NAME	WHITE, WM. NATHAN
STREET ADDRESS	[illegible]	2.3 STREET ADDRESS	3020 RUBY DRIVE
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	MT. DORA, FL 32757
TITLE	VP	3.1 TITLE	D ☒ Change ☐ Addition
NAME	[illegible]	3.2 NAME	WHITE, SUSAN K.
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	3020 RUBY DRIVE
CITY-ST-ZIP	[illegible]	3.4 CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]	4.2 NAME	
STREET ADDRESS	[illegible]	4.3 STREET ADDRESS	
CITY-ST-ZIP	[illegible]	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: WM. NATHAN WHITE/PD — 1/24/95 — (904) 343-8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000R411