


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90036 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000004438</b>					
1. Corporation Name <b>LAKE MARTIN EPISCOPAL RETREAT, INC.</b>					
Principal Place of Business 757 HIGHWAY 98 #14-261 DESTIN FL 32541			Mailing Address 757 HIGHWAY 98 #14-261 DESTIN FL 32541		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/28/1996</b>	
				4. FEI Number <b>63-0892596</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent <b>MOBLEY, FORREST C REV/DR</b> <b>757 HIGHWAY 98 EAST #14-261</b> <b>DESTIN FL 32541</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 Forrest C Mobley DATE 11/7/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOBLEY, FORREST C REV/DR			1.2 NAME	Pardoner, Dave		
STREET ADDRESS	757 HIGHWAY 98 EAST #14-261			1.3 STREET ADDRESS	497 Deerpoint Drive		
CITY-ST-ZIP	DESTIN FL 32541			1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOBLEY, NANCY MRS			2.2 NAME	Blackburn, William Dr.		
STREET ADDRESS	757 HIGHWAY 98 EAST #14-261			2.3 STREET ADDRESS	1295 Little Harbour Land		
CITY-ST-ZIP	DESTIN FL 32541			2.4 CITY-ST-ZIP	Vero Beach, FL 32963		
TITLE	C	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANCE, WILLIAM DR			3.2 NAME			
STREET ADDRESS	271 BRADLEY DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT COLLINS CO 30524			3.4 CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, RUSSELL			4.2 NAME			
STREET ADDRESS	2 CADE CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	UNION SPRINGS AL 36089			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLACK, HUNTER			5.2 NAME			
STREET ADDRESS	8326 WYNLAKE BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MONTGOMERY AL 36117			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRENNEN, MALLIE MRS			6.2 NAME			
STREET ADDRESS	2601 HEATHERMORE RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	BIRMINGHAM AL 35223			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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/99 850-8000

CR2E037 (11/98)