## **FILE NOW: FILING FEE IS \$61.25**

Jun 25 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # (8)STILL WATERS FELLOWSHIP OF LEESBURG, INC. Principal Place of Business Mailing Address 1335 NORTH SHORE DIRVE 1335 NORTH SHORE DIRVE 3. Date Incorporated or Qualified LEESBURG FL 34748 LEESBURG FL 34748 02/13/1984 4. FEI Number Applied For 59-2394087 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired п Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? **12**440 23 Yes Yes Zip Country Zip Country prowes or has paid the current year intangible Dersonal roperty Tax due June 30. 24 Yes 30 □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Jrink! GANUS, KEVIN E 82 .O. Box Number is Not Acceptable) 803 HICKORY AVE **B3** FRUITLAND PARK FL 34731 Zip Code 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits the 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ΡD DELETE TITLE 1.1 TITLE Change GANUS, KEVIN E NAME 1.2 NAME 803 HICKORY AVE STREET ADDRESS 1.3 STREET ADDRESS FBUITLAND PARK FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE NAME PRESSLEY, GERALD K 2.2 NAME 2911 ASH DR #78 STREET ADDRESS 2.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITLE Change Addition 3.1 TITLE BEASLEY RALPH NAME 3.2 NAME 405 COLLEGE AVE STREET ADDRESS 3.3 STREET ADDRESS MUITLAND PARK FL CITY-ST-ZIP 3.4. C(TY - ST - Z(P DELETE TITLE ☐ Change Addition 4.1 TITLE STEPHENS, BOBBY E JR NAME 4. 2 NAME **10400 GASTFIELD RD** STREET ADDRESS 4.3 STREET ADDRESS LEESBURG FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE ☐ Change TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 a glackmost with an address.

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