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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N01731 (1)
1. Corporation Name
EAST ORANGE EVANGELICAL METHODIST CHURCH, INC.



Principal Place of Business Mailing Address
15060 OLD CHENEY HIGHWAY ORLANDO FL 32828
15060 OLD CHENEY HIGHWAY ORLANDO FL 32828-5184

3. Date Incorporated or Qualified 03/01/1984
3a. Date of Last Report 02/14/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2364066 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SISK, ROSE E
414 E. PINE ST., APT. #208
ORLANDO FL 32801
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SISK, ROSE E	1.2 NAME	
STREET ADDRESS	414 E. PINE ST. #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S
NAME	SISK, LESLIE	2.2 NAME	SISK Leslie
STREET ADDRESS	16020 SUNFLOWER TR	2.3 STREET ADDRESS	16020 Sun Flower Tr
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32828
TITLE	T	3.1 TITLE	T
NAME	HANNAH, HELEN	3.2 NAME	HANNAH Helen
STREET ADDRESS	414 E. PINE ST.	3.3 STREET ADDRESS	414 E Pine Apt 701
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	D	4.1 TITLE	D
NAME	HANNAH, GARY	4.2 NAME	HANNAH GARY
STREET ADDRESS	414 E. PINE ST.	4.3 STREET ADDRESS	414 E Pine #701
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando FL 32801
TITLE		5.1 TITLE	D
NAME		5.2 NAME	DEBRA CONINS
STREET ADDRESS		5.3 STREET ADDRESS	2625 FRANKLIN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Cloud FL 34771
TITLE		6.1 TITLE	
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 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: Rose E Sisk REQUIRED Sisk 4/2/1997 (407) 232119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017740

CR2E037 (9/96)