

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01731 (1)
 1. Corporation Name
EAST ORANGE EVANGELICAL METHODIST CHURCH, INC.



Principal Place of Business 15060 OLD CHENEY HIGHWAY ORLANDO FL 32828	Mailing Address 15060 OLD CHENEY HIGHWAY ORLANDO FL 32828
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3. Date Incorporated or Qualified 03/01/1984	Applied For
4. FEI Number 59-2364066	Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4/1

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 David J. Reisinger
82. Street Address (P.O. Box Number is Not Acceptable) 809 Faber Drive
83. City Orlando
84. State FL
85. Zip Code 32822

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]* **1-5-98**
 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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISK, ROSE E	1.2 NAME	David J. Reisinger
STREET ADDRESS	414 E. PINE ST. #208	1.3 STREET ADDRESS	809 Faber Dr.
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando FL 32822
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISK, LESLIE	2.2 NAME	
STREET ADDRESS	16020 SUNFLOWER TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, HELEN	3.2 NAME	
STREET ADDRESS	414 E. PINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, GARY	4.2 NAME	
STREET ADDRESS	414 E. PINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, EDGAR	5.2 NAME	
STREET ADDRESS	2625 FRANKLIN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE: *[Signature]* **1-5-98** **407-568-6700**

CR2E037 (10/97)