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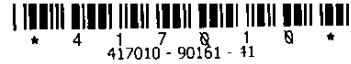
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01731

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2364066	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REISINGER, DAVID J 809 FABER DR ORLANDO FL 32822				81 Name HANNAH, GARY D.			
				82 Street Address (P.O. Box Number is Not Acceptable) 414 EAST PINE ST #701			
				83			
				84 City ORLANDO			
				85 Zip Code FL 32801			

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: Gary D. Hannah P.D. GARY D. HANNAH P.D. DATE: 4/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REISINGER, DAVID J	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	809 FABER DR		1.2 NAME
STREET ADDRESS	ORLANDO FL 32822		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAH, GARY		4.2 NAME HANNAH, GARY
STREET ADDRESS	414 E. PINE ST.		4.3 STREET ADDRESS 414 E. PINE ST
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP ORLANDO FL 32801
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 checked="" type="checkbox"/> Addition
NAME			6.2 NAME DEAN, WALTER
STREET ADDRESS			6.3 STREET ADDRESS 8174 IMBER ST
CITY-ST-ZIP			6.4 CITY-ST-ZIP ORLANDO FL 32825

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gary D. Hannah P.D. GARY D. HANNAH P.D. DATE: 4/22/99 407-648-5041 Daytime Phone #

CR2E037 (11/98)