

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10624 (7)
1. Corporation Name
LAKE HAMILTON PRESBYTERIAN CHURCH OF LAKE HAMILT
ON, FLORIDA, INC.

Principal Place of Business 314 MAIN STREET LAKE HAMILTON FL 33851	Mailing Address P O BOX 116 314 MAIN ST LAKE HAMILTON FL 33851 US
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3. Date Incorporated or Qualified 08/09/1985	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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
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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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HUNT, B. CEPHUS
315 WEST MAIN STREET
LAKE HAMILTON FL 33851

10. Name and Address of New Registered Agent 81 Name Hunt, Byron C. Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 317 W. Main St. 83 84 City Lake Hamilton 85 Zip Code FL 33851
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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 Byron C. Hunt, Jr. 1/25/98
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD HUNT, B. CEPHUS 315 MAIN STREET LAKE HAMILTON FL CITY-ST-ZIP
TITLE	SDT LANE, PEGGY 1401 CR 547 W, P O BOX 685 DAVENPORT FL CITY-ST-ZIP
TITLE	ASD BROWN, FLORENCE 401 CHICAGO AVE. LAKE HAMILTON FL CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President D 1.2 NAME Byron C. Hunt, Jr. 1.3 STREET ADDRESS 317 W. Main St. 1.4 CITY-ST-ZIP Lake Hamilton, FL. 33853
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; 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: Byron C. Hunt, Jr. 1/25/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074305