

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12692** (2)

1. Corporation Name

LIVING STONES FELLOWSHIP OF BRADENTON, FLORIDA, INC.

Principal Place of Business

Mailing Address

**205 57TH AVENUE WEST
P. O. BOX 10850 (33507)
BRADENTON FL 34207****205 57TH AVENUE WEST
P. O. BOX 10850 (33507)
BRADENTON FL 34207-3844**3. Date Incorporated or Qualified
12/20/19853a. Date of Last Report
04/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLAWAY, J.J.
205 57TH AVE. W.
BRADENTON FL 34207**

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

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	V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGAN, ALVIN		1.2 NAME	
STREET ADDRESS	3425 49TH ST W		1.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34209		1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL CHARLIE		2.2 NAME	
STREET ADDRESS	2406 25TH AVE W		2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34205		2.4 CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAWAY, J. J.		3.2 NAME	
STREET ADDRESS	205 57TH AVENUE WEST		3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34207		3.4 CITY - ST - ZIP	
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAWAY, LYNN		4.2 NAME	
STREET ADDRESS	205 57TH AVE. W.		4.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL 34207		4.4 CITY - ST - ZIP	
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAWAY, LYNN		5.2 NAME	
STREET ADDRESS	295 57TH AVENUE WEST		5.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/97

Date

941-758-2234

Daytime Phone # 0081701

CR2E037 (9/96)