

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N28722 (9)**  
1. Corporation Name  
**STOREHOUSE MINISTRIES OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**18324 E COLONIAL DR  
ORLANDO FL 32833**

Mailing Address  
**P. O. BOX 223  
CHRISTMAS FL 32709  
US**

3. Date Incorporated or Qualified  
**10/06/1988**

3a. Date of Last Report  
**08/14/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3004750</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**MCGUIRE, THOMAS M.  
18235 BELVEDERE RD  
ORLANDO FL 32820**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
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	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLDSON, DEBBIE M</b>	12 NAME	
STREET ADDRESS	<b>2328 LAWANA DR</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, MARY K</b>	22 NAME	
STREET ADDRESS	<b>18869 2ND AVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELAINE MORESCO</b>	32 NAME	
STREET ADDRESS	<b>2015 10TH STREET</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIRE, ROSA</b>	42 NAME	
STREET ADDRESS	<b>18235 BELVEDERE RD</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCUDERI, JOSEPH</b>	52 NAME	
STREET ADDRESS	<b>750 N 6TH ST</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	54 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIRE, HUBERT E.</b>	62 NAME	
STREET ADDRESS	<b>19934 MARX GRAS</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rosa McGuire **ROSAMCGUIRE** 8/7/96 568-0999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #