

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

18324 E COLONIAL DR
ORLANDO FL 32833

P. O. BOX 223
CHRISTMAS FL 32709
US

3. Date Incorporated or Qualified

10/06/1988

4. FEI Number

59-3004750

Applied For

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

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGUIRE, THOMAS M.
18235 BELVEDERE RD
ORLANDO FL 32820

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 D ☒ DELETE
NAME OLDSO, DEBBIE M
STREET ADDRESS 2328 LAWANA DR
CITY-ST-ZIP ORLANDO FL 32807

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 500002681445-4
1.4 CITY-ST-ZIP -11/05/98-01083-011
*****70.00 *****70.00

TITLE D ☐ DELETE
NAME WHITE, MARY K
STREET ADDRESS 18869 2ND AVE
CITY-ST-ZIP ORLANDO FL 32820

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME MCGUIRE, THOMAS M
STREET ADDRESS 18235 BELVEDERE RD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME P/D MCGUIRE, THOMAS M
3.3 STREET ADDRESS 18235 Belvedere RD
3.4 CITY-ST-ZIP ORLANDO FL 32820

TITLE D ☐ DELETE
NAME MCGUIRE, ROSA
STREET ADDRESS 18235 BELVEDERE RD
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D MCGUIRE, ROSA
4.3 STREET ADDRESS 18235 Belvedere RD
4.4 CITY-ST-ZIP ORLANDO FL 32820

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. McGuire, Pres

9/30/98

Date

407 568 0657

Daytime Phone #

0002387

CR2E037 (5/98)