

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

95 MAY 16 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N29992** (7)  
1. Corporation Name  
**SOUTH LAKE CHRISTIAN CENTER INC.**

Principal Place of Business Mailing Address  
127 WASHINGTON ST. 127 WASHINGTON ST.  
P.O. BOX 648 P.O. BOX 648  
MINNEOLA FL 34755-7648 MINNEOLA FL 34755-7648

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **04/28/1994**

4. FBI Number **59-2962043** Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

**CARVER, QUILLIAN**  
**16601 INSPIRATION LANE**  
**GROVELAND FL 34736-0704**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, KELLY	1.2 NAME	
STREET ADDRESS	7752 GENTIAN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVER, QUILLIAN	2.2 NAME	
STREET ADDRESS	16601 INSPIRATION LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DIRCE J	3.2 NAME	
STREET ADDRESS	2413 C R 784	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEBSTER FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, MOSES	4.2 NAME	
STREET ADDRESS	750 PINE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLERMONT FL	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	OV	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, MIKE	5.2 NAME	
STREET ADDRESS	12214 EAST REDWING ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, LOTTIE	6.2 NAME	
STREET ADDRESS	810 SUN VILLAGE CIR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND FL	6.4 CITY - ST - ZIP	
TITLE	D	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRIS, CHERI	7.2 NAME	
STREET ADDRESS	12214 W EAST REDWING ROAD	7.3 STREET ADDRESS	
CITY - ST - ZIP	GROVELAND, FL 34736	7.4 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. P. Carver, Pres. REV. O. CARVER, 5/8/95 904-394-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #