

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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  
**127 WASHINGTON ST.  
P.O. BOX 648  
MINNEOLA FL 34755-7648**

Mailing Address  
**127 WASHINGTON ST.  
P.O. BOX 648  
MINNEOLA FL 34755-7648**

3. Date Incorporated or Qualified  
**12/30/1988**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2962043</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	11 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARVER, KELLY</b>		12 NAME	
STREET ADDRESS <b>7752 GENTIAN ST</b>		13 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		14 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	21 TITLE <b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARVER, QUILLIAN</b>		22 NAME	
STREET ADDRESS <b>16601 INSPIRATION LANE</b>		23 STREET ADDRESS	
CITY-ST-ZIP <b>GROVELAND FL</b>		24 CITY-ST-ZIP	
TITLE <b>ST</b>	<input checked="" type="checkbox"/> DELETE	31 TITLE <b>V/ST/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUSSELL, DIRCE J</b>		32 NAME <b>BRADY, MARION F.</b>	
STREET ADDRESS <b>2413 C R 784</b>		33 STREET ADDRESS <b>200 12TH ST, APT. 204-f</b>	
CITY-ST-ZIP <b>WEBSTER FL</b>		34 CITY-ST-ZIP <b>CLERMONT, FL 34711</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	41 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GARDNER, JOHN ALAN</b>		42 NAME <b>KING, GERALD J. SR</b>	
STREET ADDRESS <b>15218 FERNDAL RD</b>		43 STREET ADDRESS <b>27302 WALNUT DR</b>	
CITY-ST-ZIP <b>FERNDAL FL</b>		44 CITY-ST-ZIP <b>OKAHUMPKA, FL 34762</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE	51 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FARRIS, MIKE</b>		52 NAME <b>LYNCH, MELVIN</b>	
STREET ADDRESS <b>12214 EAST REDWING ROAD</b>		53 STREET ADDRESS <b>P. O. BOX 648 N/A</b>	
CITY-ST-ZIP <b>GROVELAND FL</b>		54 CITY-ST-ZIP <b>MINNEOLA, FL 34755</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	61 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FARRIS, CHERI</b>		62 NAME <b>YATES, MARY IRENE</b>	
STREET ADDRESS <b>12214 E REDWING RD</b>		63 STREET ADDRESS <b>30 W. MOHAWK AVE.</b>	
CITY-ST-ZIP <b>GROVELAND FL</b>		64 CITY-ST-ZIP <b>MASCOTTE, FL 34753</b>	

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: *Rev. Quillian L. Carver, Pres.* 3/27/96 352-394-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**REV. QUILLIAN L. CARVER, PRESIDENT**

CR2E037 (12/95)