FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:26

DOCUMENT # **N32528** **(4)**

1. Corporation Name
SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
% REV. KEITH COPELAND 409 MAIN AVENUE MINNEOLA FL 34755	% REV. KEITH COPELAND 409 MAIN AVENUE MINNEOLA FL 34755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1989
3a. Date of Last Report: 02/22/1994
4. FEI Number: NOT APPLICABLE — ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 % ROBERT RICHARDS	26 % ROBERT RICHARDS
Suite, Apt. #, etc. 22 16600 MEDIA Rd., #7	Suite, Apt. #, etc. 27 16600 MEDIA Rd. #7
City & State 23 CLERMONT FLORIDA	City & State 28 CLERMONT FLORIDA
Zip / Country 24 34711 / 25 LAKE	Zip / Country 29 34711 / 30 LAKE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COPELAND, KEITH 409 MAIN AVENUE MINNEOLA FL 34755	81 Name: ROBERT RICHARDS 82 Street Address (P.O. Box Number is Not Acceptable): 16600 MEDIA Rd. #7 83: CLERMONT 84 City: CLERMONT FL 85 Zip Code: 34711

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: Robert Richards / ROBERT RICHARDS (SECRETARY/TREASURER) 28 MARCH 95
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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	COPLAND, KEITH E	1.2 NAME	McCRACKEN, CAROLYN	
STREET ADDRESS	P.O. BOX 176, N/A	1.3 STREET ADDRESS	12500 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	MINNEOLA FL	1.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	COLSON, WENDELL	2.2 NAME	MITCHELL, ROBERT	
STREET ADDRESS	131 CHESTNUT ST	2.3 STREET ADDRESS	13309 GREEN ISLE COURT	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	RICHARDS, ROBERT	3.2 NAME	RICHARDS, ROBERT	
STREET ADDRESS	17835-A EAST APSHAWA RD	3.3 STREET ADDRESS	16600 MEDIA RD, #7	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Robert Richards 28 MARCH 95 (904)394-3518
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #