

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 # N32528 (4)
1. Corporation Name
SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.



Principal Place of Business C/O RICHARDS, ROBERT 16600 MEDIA RD., #7 CLERMONT FL 34711 US		Mailing Address C/O RICHARDS, ROBERT 16600 MEDIA RD., #7 CLERMONT FL 34711 US		3. Date Incorporated or Qualified 05/23/1989		3a. Date of Last Report 04/10/1995	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent RICHARDS, ROBERT 16600 MEDIA ROAD SUITE 7 CLERMONT FL 34711				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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRACKEN, CAROLYN	1.2 NAME	
STREET ADDRESS	12500 LAKE RIDGE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	34711
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROBERT	2.2 NAME	VD
STREET ADDRESS	13309 GREEN ISLE COURT	2.3 STREET ADDRESS	812 MAPLE FOREST AVE
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	CLERMONT FL 34711
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, ROBERT	3.2 NAME	
STREET ADDRESS	16600 MEDIA RD., #7	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	34711
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	30000174078
STREET ADDRESS		5.3 STREET ADDRESS	-03/13/96--01021--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I hereby 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* 20 Feb-1996 352-394-3518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)