


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N32528 1. Entity Name SOUTH LAKE COUNTY MINISTERIAL FELLOWSHIP, INC.	
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Principal Place of Business 2500 S HWY 27 CLERMONT, FL 34711 US	Mailing Address P.O. BOX 121081 CLERMONT, FL 34712 US
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANE, DOUG 101 NORTH GRAND HWY CLERMONT, FL 34711

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOUNTA, DON 9039 VILLAGE GREEN BLVD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, DOUG 101 NORTH GRAND HWY. CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SATTESAHN, ED 13346 RAINBOW LANE CLERMONT, FL 34711
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05/17/07-80048-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Edward C. Sattesahn	4/27/2007	552-394-0394
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone *</small>