

2.5-97 B-1411 - C  
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FILED  
 Feb 05 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N37590 (9)  
 1. Corporation Name  
 HIS FELLOWSHIP OF LAKE COUNTY, FLORIDA, INC.



Principal Place of Business  
 2809 SUNRISE ROAD  
 LADY LAKE FL 32159  
 US

Mailing Address  
 JAMES HANSON  
 % MARK RICKER  
 37703 RICKER DRIVE  
 LADY LAKE FL 32159-4140  
 US

3. Date Incorporated or Qualified 04/09/1990  
 3a. Date of Last Report 02/28/1996  
 4. FEI Number 59-3097437  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25  
 2a. Mailing Address  
 26 400 W MIRROR LAKE DRIVE  
 Suite, Apt #, etc.  
 27  
 City & State  
 28 FRUITLAND PARK FL  
 Zip Country  
 29 34731 30 USA

9. Name and Address of Current Registered Agent  
 DUNSTAN, DAVID  
 112 NORTH 12TH STREET  
 LEESBURG FL 34748

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | HANSON, JAMES         |                                 |
| STREET ADDRESS | 907 HICKORY AVE.      |                                 |
| CITY-ST-ZIP    | FRUITLAND PARK FL     |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | RICKER, MARK S.       |                                 |
| STREET ADDRESS | 37703 RICKER DRIVE    |                                 |
| CITY-ST-ZIP    | LADY LAKE FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | DUNSTAN, DAVID        |                                 |
| STREET ADDRESS | 112 NORTH 12TH STREET |                                 |
| CITY-ST-ZIP    | LEESBURG FL           |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | HANSON, JAMES            |  |
| 1.3 STREET ADDRESS | 400 W. MIRROR LAKE DRIVE |  |
| 1.4 CITY-ST-ZIP    | FRUITLAND PARK, FL 34731 |  |
| 2.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                          |  |
| 2.3 STREET ADDRESS |                          |  |
| 2.4 CITY-ST-ZIP    |                          |  |
| 3.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                          |  |
| 3.3 STREET ADDRESS |                          |  |
| 3.4 CITY-ST-ZIP    |                          |  |
| 4.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                          |  |
| 4.3 STREET ADDRESS |                          |  |
| 4.4 CITY-ST-ZIP    |                          |  |
| 5.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                          |  |
| 5.3 STREET ADDRESS |                          |  |
| 5.4 CITY-ST-ZIP    |                          |  |
| 6.1 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                          |  |
| 6.3 STREET ADDRESS |                          |  |
| 6.4 CITY-ST-ZIP    |                          |  |

14. I do hereby certify that the information supplied with this filing 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: James Hanson JAMES HANSON 1-28-97 352-753-7997  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6003010

CR2E037 (9/96)