


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 400 W. MIRROR LAKE DRIVE FRUITLAND PARK FL 34731 US |
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|---|--|
| 3. Date Incorporated or Qualified 04/09/1990 | |
| 4. FEI Number 59-3097437 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Zip 29 |
| | Country 30 |

| | | |
|--|--|---|
| 9. Name and Address of Current Registered Agent DUNSTAN, DAVID 112 NORTH 12TH STREET LEESBURG FL 34748 | | 81 Name |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | | 83 |
| | | 84 City |
| | | 85 Zip Code FL |

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|---|--|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME HANSON, JAMES | | 1.2 NAME SMITH, AL | |
| STREET ADDRESS 400 W. MIRROR LAKE DRIVE | | 1.3 STREET ADDRESS 802 NORTH SHORE DRIVE | |
| CITY-ST-ZIP FRUITLAND PARK FL | | 1.4 CITY-ST-ZIP LEESBURG, FL 34748 | |
| TITLE D | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME RICKER, MARK S. | | 2.2 NAME PARK, STEVE | |
| STREET ADDRESS 37703 RICKER DRIVE | | 2.3 STREET ADDRESS 2120 CHESAPEAKE PLACE | |
| CITY-ST-ZIP LADY LAKE FL | | 2.4 CITY-ST-ZIP GRAND ISLAND, FL 32735 | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DUNSTAN, DAVID | | 3.2 NAME | |
| STREET ADDRESS 112 NORTH 12TH STREET | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP LEESBURG FL | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | |

| | |
|--|--|
| 1.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME SMITH, AL | |
| 1.3 STREET ADDRESS 802 NORTH SHORE DRIVE | |
| 1.4 CITY-ST-ZIP LEESBURG, FL 34748 | |
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| 2.2 NAME PARK, STEVE | |
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| 2.4 CITY-ST-ZIP GRAND ISLAND, FL 32735 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 3.3 STREET ADDRESS | |
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| 4.2 NAME | |
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| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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** 3-31-98 352-753-7997

CR2E037 (10/97)