FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N37590

HIS FELLOWSHIP OF LAKE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address			
2809 SUNRISE ROAD LADY LAKE FL 32159 US	% JAMES HANSON 400 W. MIRROR LAKE DRIVE FRUITLAND PARK FL 34731 US			
2. Principal Place of Rusiness	2a Mailing Address			



02-20-1999 90100 014 ****61.25



3. Date Incorporated or Qualifed

21		26			04/09/1990					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For				
22		27			59-3097437		Not Applicable			
City & Star	te	City & State			5. Certifcate of Status Desired	\$8.7	75 Additional			
23		28		5. Certicate of Status Desired	Fe	e Required				
Zip	Country	Zìp Country			6. Election Campaign Financing \$5.00 May Be					
24	25	29 3	0		Trust Fund Contribution Added to Fees					
Name and Address of Current Registered Agent			04	Name	10. Name and Address of New Registered Agent					
			81	Name			İ			
·			82	82 Street Address (P.O. Box Number is Not Acceptable)						
112 NORTH 12TH STREET		90								
LEESBURG FL 34748		83		•						
			84	City		85	Zip Code			
	 				<u> </u>					
11. Pursuant office or i	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of	ınd 617.1508, Florida Statutes, Florida. Such change was auth	, the above torized by t	-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing	g its registered			
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florid	a Statutes.			J	5 / og.5.5.00			
SIGNATURE										
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		egistered Agent	signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDE	CTORE IN 12			
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Char				
NAME	HANSON, JAMES		1.2 NAME				ige [] Addition			
STREET ADDRESS	400 W. MIRROR LAKE DRIVE			ADDDEED						
CITY-ST-ZIP	FRUITLAND PARK FL		1.3 \$TREET							
TITLE	D	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-219		☐ Char	nge Addition			
NAME	PARK, STEVE		2.2 NAME				igo 🔲 / (do),,(o) /			
STREET ADORESS	2120 CHESAPEAKE PL		2.3 STREET	ADDESS		· -	·			
CITY-ST-ZIP	GRAND ISLAND FL 32735						1			
TITLE	D	☐ DELETE	2.4 CITY-ST 3.1 TITLE	- ZJP		Char	nge Addition			
NAME	DUNSTAN, DAVID		3.2 NAME				ige			
STREET ADDRESS	112 NORTH 12TH STREET		3.3 STREET	ADDOCCO			1			
CITY-ST-ZIP	LEESBURG FL						ì			
TITLE	D	☐ DELETE	3.4. CITY-ST	-212		☐ Chan	nge			
NAME	SMITH, AL		4.2 NAME				.as C Addition			
STREET ADDRESS	802 NORTH SHORE DR		4.2 NAME	#UDDESS						
CITY-ST-ZIP	LEESBURG FL 34748		4.4 CITY-ST							
TITLE	LELOBORG FE 34740	☐ DELETE	5.1 TITLE	-211		☐ Chan	nge			
NAME			5.2 NAME				go			
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-	İ						
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ige Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	ADDRESS		•				
CITY-ST-ZIP			6.4 CITY-ST-	ZIP			l			
				i						

14. I 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, with all other like empowered.

SIGNATURE: