


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N37590 1. Entity Name HIS FELLOWSHIP OF LAKE COUNTY, FLORIDA, INC.	
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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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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 59-3097437	<input type="checkbox"/> 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 HANSON, JAMES 400 W MIRROR LAKE DR FRUITLAND PARK FL 34731
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	D AMATO, JOE <input type="checkbox"/> Delete STREET ADDRESS 5030 VALLEY OAK CITY - ST - ZIP WEIRSDALE FL 32195
TITLE NAME	D HANSON, JAMES <input type="checkbox"/> Delete STREET ADDRESS 400 W. MIRROR LAKE DRIVE CITY - ST - ZIP FRUITLAND PARK FL 34731
TITLE NAME	D DUNSTAN, MARY LEE <input type="checkbox"/> Delete STREET ADDRESS 5525 GULF STREAM STREET CITY - ST - ZIP TAVARES FL 32778
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000021342 01/29/04-80103-024 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>James Hanson</u>	JAMES HANSON	1-26-04	352-753-7997
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