


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42626** (4)
1. Corporation Name
THE RESTORATION CHURCH OF LAKE LAND, INC.

Principal Place of Business Mailing Address
6606 SOUTH FLORIDA AVENUE **P.O. BOX 6666**
LAKE LAND FL 33813 **LAKE LAND FL 33807-6666**
US **US**



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

3. Date Incorporated or Qualified 03/18/1991
4. FEI Number 59-3056255
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

9. Name and Address of Current Registered Agent RICHARDSON, JAMES F. 321 MORNINGSIDE DR LAKE LAND FL 33803	10. Name and Address of New Registered Agent 81 Name Hobgood, Glen K. 82 Street Address (P.O. Box Number is Not Acceptable) 5933 Windwood Dr. 83 84 City LAKE LAND FL 85 Zip Code 33813
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Glen K. Hobgood DATE **4-20-98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBGOOD, GLEN K	1.2 NAME	
STREET ADDRESS	5933 WINDWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, JAMES	2.2 NAME	Hough, James
STREET ADDRESS	3502 BARLEY LANE	2.3 STREET ADDRESS	1400 GRASSLANDS BLVD. #20
CITY-ST-ZIP	LAKE LAND FL	2.4 CITY-ST-ZIP	LAKE LAND, FL. 33813
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, JAMES F.	3.2 NAME	Hough, Glen
STREET ADDRESS	321 MORNINGSIDE DR	3.3 STREET ADDRESS	1400 GRASSLANDS BLVD. #20
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	LAKE LAND, FL. 33813
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	

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 as an attachment with an address.

SIGNATURE: Glen K. Hobgood DATE **4-20-98**

CR2E037 (10/97)