

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 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 # **N45300** (3)
1. Corporation Name
PINE CREEK CHAPEL MENNONITE CHURCH, INC.

Principal Place of Business 1269 S.W. PINE CHAPEL DR. ARCADIA FL 34266	Mailing Address 1267 S.W. PINE CHAPEL DR. ARCADIA FL 34266 US
--	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1991	3a. Date of Last Report 02/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0219008		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHARP, DENNIS 2902 SW HWY. 17 ARCADIA FL 34266		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 FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D- DIETRICH, GLORIA	1.1 TITLE	PD
NAME	616 N MONROE AVE	1.2 NAME	
STREET ADDRESS	ARCADIA FL 34266	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD- COPELAND, BUNNY	2.1 TITLE	VD
NAME	1077 S.W. PINE CHAPEL DR.	2.2 NAME	JOHNSON, AUGUSTUS DANSBY II
STREET ADDRESS	ARCADIA FL	2.3 STREET ADDRESS	4789 S.E. Taylor Ave.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Arcadia, FL 34266
TITLE	SD	3.1 TITLE	
NAME	ANDERSON, LINDA	3.2 NAME	
STREET ADDRESS	1624 N.W. MYRTLE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL 34266	3.4 CITY - ST - ZIP	
TITLE	PD- SHARP, DENNIS	4.1 TITLE	D
NAME	2902 SW HWY. 17	4.2 NAME	Kaufman, Carol
STREET ADDRESS	ARCADIA FL	4.3 STREET ADDRESS	2034 N.W. Garvin Ave.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Arcadia, FL 34266
TITLE	TD	5.1 TITLE	
NAME	OLSON, DAVE	5.2 NAME	
STREET ADDRESS	3480 S.E. MONTGOMERY CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL 34266	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(l), 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: **David L. Olson** **DAVID L. OLSON** **3-31-97** **941-494-4848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dave Olson** Date Daytime Phone # **0079306**

CR2E037 (9/96)