


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90164 031 ****61.25

0068471

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45300					
1. Corporation Name PINE CREEK CHAPEL MENNONITE CHURCH, INC.					
Principal Place of Business 1269 S.W. PINE CHAPEL DR. ARCADIA FL 34266 US			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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0219008	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHARP, DENNIS 2902 SW HWY. 17 ARCADIA FL 34266				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 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 _____ DATE _____
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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIETRICH, GLORIA			1.2 NAME	Henderson, Robert		
STREET ADDRESS	616 N MONROE AVE			1.3 STREET ADDRESS	1127 S.W. Eucalyptus Ave.		
CITY-ST-ZIP	ARCADIA FL			1.4 CITY-ST-ZIP	Arcadia, FL 34266		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDERSON, ROBERT			2.2 NAME	Johnson, Augustus Dan, II		
STREET ADDRESS	1126 SW EUCALYPTUS AVE			2.3 STREET ADDRESS	4789 Taylor Ave.		
CITY-ST-ZIP	ARCADIA FL 34266			2.4 CITY-ST-ZIP	Arcadia, FL 34266		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHNSON II, AUGUSTUS DAN			3.2 NAME	Owen, Retha		
STREET ADDRESS	4789 SE TAYLOR AVE			3.3 STREET ADDRESS	11716 S.W. Pine Ave.		
CITY-ST-ZIP	ARCADIA FL 34266			3.4 CITY-ST-ZIP	Arcadia, FL 34266		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFMAN, CAROL			4.2 NAME			
STREET ADDRESS	2034 NW GARVIN AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ARCADIA FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WORKMAN, PENNY			5.2 NAME	Dietrich, William		
STREET ADDRESS	711 O'HARA DR			5.3 STREET ADDRESS	616 N. Monroe Ave.		
CITY-ST-ZIP	ARCADIA FL 34266			5.4 CITY-ST-ZIP	Arcadia, FL 34266		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 2/5/99 (941) 993-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)