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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	MENT # N4814 IS LORD CHURCH OF OR						
Principal Place of Business 3250 EDGEWATER DRIVE SUITE 300		Mailing Address		a (Maritan) din menati alione ribit din			1011 01011 1601
		6250 EDGEWATER DRIVE SUITE 300					
RLANDO FL 3	2810	ORLANDO FL 32810-4743	1		16-5-	- f) F	
ŝ		US		 Date Incorporated or Qualified 04/01/1992 		of Last H	
Principal Pr	ace of Business	2a. Mailing Address	***************************************	4. FEI Number		VAF	pplied For
l		26		59-3108782			ot Applicable
- Suite, Apt]	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	3	City & State	<u>-</u>	6. Election Campaign Financing		\$5.00	<u></u>
L		28		Trust Fund Contribution		Added	
Ζιρ	Country	Zip	Country	This corporation has liability to			. 199.032,
	9. Name and Address of Currer	29 nt Registered Agent	30	Florida Statutes 10. Name and Address of New R	Yes L		
			81 Name				***
QUINON	IES, ROBERTO		82 Street Ad	Idress (P.O. Box Number is Not Accepta	abla)		
	OLDENRAIN COURT		PU SUBBLAC	idress (P.O. box number is not Accepta	abiej		
	OO FL 32808		83				
			84 City			85 Zip	Code
 Pursuant to office or re 	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Stati e of Florida. Such change was	ites, the above-named co authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of che put the appoir	nanging it ntment as	ts registere registered
agent Lar	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statutes				
			101100				
GNATURE _	Special and the format of the professional and	And and talk if anoles this		a seed when relectation	DATE	_	
	Signature, types) or printed hame of registered ag-	ent and title if applicable. (NCID DIRECTORS	OTE: Rogistered Agent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND D	RECTOR	RS IN 12
	Signature, types) or printed hame of registered ag-		OTE: Registered Agent signature req		ICERS AND D	DIRECTOR Change	
	Signal vie. Speed or pointed name of registered ag- OF FICE RIS AN D QUINONES, ROBERTO	D DIRECTORS	OTE Registered Agent signature req		ICERS AND D		
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Secretary of State