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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50243 (7)

1. Corporation Name

HOWEY-IN-THE-HILLS COMMUNITY CHURCH, FLORIDA COR PORATION

Principal Place of Business	Mailing Address
420 NORTH PALM AVENUE HOWEY-IN-THE-HILLS FL 34737	420 NORTH PALM AVENUE HOWEY-IN-THE-HILLS FL 34737

3. Date Incorporated or Qualified: 08/05/1992

4. FEI Number: 59-1117563 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REMINGTON, ED
125 EAST OAK STREET
HOWEY-IN-THE HILLS FL 34737

10. Name and Address of New Registered Agent

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MERRELL, ROBERT		1.2 NAME		
STREET ADDRESS	4144 BAIR AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REMINGTON, ED		2.2 NAME		
STREET ADDRESS	125 E. OAK ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOWEY FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CROWDER, DANIEL		3.2 NAME		
STREET ADDRESS	12106 BRUCE HUNT RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER FL~~ CLERMONT FL		3.4 CITY-ST-ZIP	CLERMONT, FL	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KYLE, BUD		4.2 NAME		
STREET ADDRESS	5639 MARY'S WILLOW RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GROVELAND FL		4.4 CITY-ST-ZIP		
TITLE	CT	☒ DELETE	5.1 TITLE	CT	☒ Change ☐ Addition
NAME	EBBERTS, JUNE		5.2 NAME	Charlie Wolsmann	
STREET ADDRESS	202 W. CYPRESS		5.3 STREET ADDRESS	901 Hamlin Ave.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737		5.4 CITY-ST-ZIP	Howey-in-The-Hills, FL 34737	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [illegible] 1/20/98