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1997 MAY -1 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003057 (7)

1. Corporation Name

THE ORLANDO FLORIDA CONFERENCE, INC.

Principal Place of Business 112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202	Mailing Address 112 WEST ADAMS ST. SUITE 1814 JACKSONVILLE FL 32202-3837
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3. Date Incorporated or Qualified 07/07/1993	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business 21 40 East State Street Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32202	2a. Mailing Address 26 40 East State Street Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32202
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4. FEI Number 53-0204696	Applied For Not Applicable
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
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 PARKER, AVA L 112 W ADAMS ST STE 1814 JACKSONVILLE FL 32202	
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10. Name and Address of New Registered Agent 81 Name Parker, Ava L. 82 Street Address (P.O. Box Number is Not Acceptable) 603 N. Market Street 83 84 City Jacksonville FL 85 Zip Code 32202	
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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	
TITLE	D
NAME	Cummings, Frank C. (addition)
STREET ADDRESS	40 East State Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D
NAME	KENNON, LEROY REV
STREET ADDRESS	8029 CLOVERGLENN CIR
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D
NAME	MAINER, JOHN REV
STREET ADDRESS	114 EATON ST #1
CITY-ST-ZIP	EATONVILLE FL 32751
TITLE	D
NAME	BOUIE, MICHAEL J REV
STREET ADDRESS	320 N LINCOLN ST
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	D
NAME	THOMPSON, JIMMY J REV
STREET ADDRESS	2104 MARTIN LUTHER KING DR
CITY-ST-ZIP	LAKE LAND FL 33805
TITLE	D
NAME	HEASTIE, RAYMON G REV
STREET ADDRESS	1020 MAGNOLIA ST
CITY-ST-ZIP	BARTOW FL 33830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Williams, J.O. (Change)
1.3 STREET ADDRESS	P.O. Box 738 N/A
1.4 CITY-ST-ZIP	Oakland, FL 34760
2.1 TITLE	D
2.2 NAME	Zanders, Marvin C. (Addition)
2.3 STREET ADDRESS	5067 Loblolly Bay Lane
2.4 CITY-ST-ZIP	Orlando, FL 32829
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D
6.2 NAME	Heastie, Raymon G. Rev. (Change)
6.3 STREET ADDRESS	159 Pennsylvania Ave.
6.4 CITY-ST-ZIP	Winterpark, FL 32789

14. I do 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.

Frank C. Cummings

4/24/97

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CR2E037 (9/96)