

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002003 (0)**

1. Corporation Name

**LAMPOST COMMUNITY CHURCH, INC.**



Principal Place of Business <b>1717 CATALINA BLVD DELTONA FL 32725 US</b>	Mailing Address <b>PO BOX 6180 DELTONA FL 32728-6180 US</b>
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3. Date Incorporated or Qualified <b>04/24/1995</b>	3a. Date of Last Report <b>01/25/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3311867</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COY, JAMES F.  
204 S RIDGEWOOD AVENUE  
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name <b>Babin, Ken</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2148 E. Pennsylvania Dr</b>
83
84 City <b>Deland, FL</b>
85 Zip Code <b>32724</b>

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 **Ken Babin** **Ken Babin, Director** **April 28, 1997**  
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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>BABIN, KEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BABIN, KEN</b>		1.2 NAME	
STREET ADDRESS <b>2148 E PENNSYLVANIA DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELAND FL</b>		1.4 CITY-ST-ZIP <b>32724</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>HARRISON, TONY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARRISON, TONY</b>		2.2 NAME	
STREET ADDRESS <b>427 W CONNECTICUT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE HELEN FL</b>		2.4 CITY-ST-ZIP <b>32744</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>COY, JAMES F. MD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COY, JAMES F. MD</b>		3.2 NAME	
STREET ADDRESS <b>204 S RIDGEWOOD AVENUE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELAND FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Horse, Greg</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>340 Cypress Av</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Orange City FL 32763</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: **Ken Babin** **Ken Babin, Director** **April 28, 1997** (904) 740-5481  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0013788

CP2E037 (9/96)