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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003632

1. Corporation Name

**THE GRAND ISLAND FREE METHODIST LIGHT AND LIFE C
 HAPEL, INC.**

Principal Place of Business
 35720 GOOSE CREEK RD
 LEESBURG FL 34788-2846

Mailing Address
 35720 GOOSE CREEK RD
 LEESBURG FL 34788-2846



2. Principal Place of Business 35720 Goose Creek Road		2a. Mailing Address 35720 Goose Creek Rd		3. Date Incorporated or Qualified 08/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-6571994	
22. City & State Leesburg, FL		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 34788		28. Country Lake		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. 34788		25. Lake		29. 30.	

9. Name and Address of Current Registered Agent

MORTON, HERBERT
 1302 OAK DRIVE
 LEESBURG FL 34788

10. Name and Address of New Registered Agent

81. Name **Dean Stuart**
 82. Street Address (P.O. Box Number is Not Acceptable)
8 Aberdeen Circle
 83.
 84. City **Leesburg** FL 85. Zip Code **34788**

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

Dean W. Stuart

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLMYER, DOROTHY	1.2 NAME	Ken Kramer
STREET ADDRESS	35329 LAKE BRADLEY DR.	1.3 STREET ADDRESS	9705 Hickory Hollow Rd #90
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	Leesburg, FL 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Joan Lee (Trustee) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, HERBERT	2.2 NAME	9705 Hickory Hollow Rd #18
STREET ADDRESS	1302 OAK DR	2.3 STREET ADDRESS	Leesburg, FL 34788
CITY-ST-ZIP	LEESBURG FL 34788	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Howard Reed (Trustee) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLOTTI, VIRGIL	3.2 NAME	666 Misti Drive
STREET ADDRESS	32647 PALM AVE.	3.3 STREET ADDRESS	Leesburg, FL 34788
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDRIDGE, TINA	4.2 NAME	Tim Eldridge
STREET ADDRESS	2714 BUTTERNUT COURT	4.3 STREET ADDRESS	2714 Butternut Court
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, BILL	5.2 NAME	
STREET ADDRESS	11841 S. SHELLEY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, DEAN	6.2 NAME	
STREET ADDRESS	8 ABERDEEN CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	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:

Dean W. Stuart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 352-742-9148
 Date Daytime Phone #

CR2E037 (11/98)