

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003049 (1)**

1. Corporation Name

**EAST ORLANDO COMMUNITY CHURCH, INC.**



Principal Place of Business	Mailing Address
3588 FOXCROFT CIR. OVIEDO FL 32765	3588 FOXCROFT CIR. OVIEDO FL 32765-8222

3. Date Incorporated or Qualified <b>06/06/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 <b>3200 Lockwood</b>	26 <b>4250 Alafaya Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>Suite 212-314</b>
City & State	City & State
23 <b>Oviedo, FL.</b>	28 <b>Oviedo, FL.</b>
Zip	Zip
24 <b>32765</b>	29 <b>32765</b>
Country	Country
25 <b>Seminole</b>	30 <b>Seminole</b>

4. FEI Number <b>59-3369488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. 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	
CONKLIN, DAVID M 3588 FOXCROFT CIR. OVIEDO FL 32765	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>David M. Conklin - P/D</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>3588 Foxcroft Circle</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Oviedo, FL 32765</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Larry Handley</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>12744 Maribou Circle</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>Orlando, FL 32828</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Eileen T. Conklin - S/D</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3588 Foxcroft Circle</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Oviedo, FL 32765</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 unchanged, or on an attachment with an address.

SIGNATURE: David M. Conklin **David M. Conklin** 4/29/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014506

CR2E037 (9/96)