

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 09 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 # N96000004339 (5)
1. Corporation Name
CHURCH MORTGAGE AND LOAN CORPORATION



| | |
|---|---|
| Principal Place of Business 2008 CURRY FORD ROAD ORLANDO FL 32806 | Mailing Address 2008 CURRY FORD ROAD ORLANDO FL 32806 |
|---|---|

3. Date Incorporated or Qualified
08/16/1996

4. FEI Number **59-3488330**
APPLIED FOR

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 25 |
| 29 | 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

**KIRK, WILLIS L
5157 BREEZEWAY COURT
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent

81 Name **Richard Hicks**

82 Street Address (P.O. Box Number is Not Acceptable)
2232 FAXTON CT

83

84 City **ORLANDO** FL 85 Zip Code **32812**

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]* **Richard Hicks** 1-5-98
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 | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | KIRK, WILLIS | |
| STREET ADDRESS | 5157 BREEZE WAY CT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | THOMPSON, FORREST | |
| STREET ADDRESS | 2305 BUCKMINSTER CIR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | HICKS, RICHARD | |
| STREET ADDRESS | 2232 FAXTON CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hicks, Richard | |
| 1.3 STREET ADDRESS | 2232 FAXTON CT | |
| 1.4 CITY-ST-ZIP | Orlando FL 32812 | |
| 2.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | John Greer | |
| 2.3 STREET ADDRESS | 1004 Shady Lane Drive | |
| 2.4 CITY-ST-ZIP | Orlando, FL 32804 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

SIGNATURE: *[Signature]* **Richard Hicks** 1/5/98 (407) 894-5704

CR2E037 (10/97)