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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005457 (4)

1. Corporation Name
OUR LADY OF THE SACRED FLAME, INC.



Principal Place of Business 2832 LANCASTER RD MELBOURNE FL 32935	Mailing Address P O BOX 360613 MELBOURNE FL 32936-0613 US
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3. Date incorporated or Qualified 10/23/1996	
4. FEI Number 59-3434550	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WASH, JACQUELYNE 2832 LANCASTER RD MELBOURNE FL 32935	
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10. Name and Address of New Registered Agent	
81 Name Jacquelyne Burkholder	
82 Street Address (P.O. Box Number is Not Acceptable) 2832 LANCASTER RD.	
83	
84 City Melbourne	FL 85 Zip Code 32935

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 *Jacquelyne Burkholder* Jacquelyne Burkholder s/d/t 1/24/98
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VD	<input type="checkbox"/>
NAME	BRADSTREET, JAMES	
STREET ADDRESS	2238 KENT STREET NE.	
CITY - ST - ZIP	PALM BAY FL 32907-2625	
TITLE	PD	<input type="checkbox"/>
NAME	FISHER-BRADSTREET, SANDRA	
STREET ADDRESS	2238 KENT STREET N.E.	
CITY - ST - ZIP	PALM BAY FL 32907-2625	
TITLE	SDT	<input type="checkbox"/>
NAME	WASH, JACQUELYNE	
STREET ADDRESS	2832 LANCASTER RD	
CITY - ST - ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/>
NAME	CARUSONE, JUDITH E	
STREET ADDRESS	9707 CHATFIELD ST.	
CITY - ST - ZIP	HOUSTON TX 77022	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jacquelyne Burkholder	
3.3 STREET ADDRESS	2832 LANCASTER RD.	
3.4 CITY - ST - ZIP	Melbourne FL 32935	
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: *Jacquelyne Burkholder* Jacquelyne Burkholder s/d/t 1/24/98 167-2516

CR2E037 (10/97)