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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 97000000837**
1. Corporation Name
ROSE OF SHARON INTERNATIONAL FELLOWSHIPS INC.

Principal Place of Business Mailing Address
Rose of Sharon Intl. Fellowship Inc.
1400 L.K. Silver Dr. N.E. Winter Haven, FL 33881

3. Date Incorporated or Qualified **2/11/97**

4. FEI Number **59-3429943**
Applied For Not Applicable

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

2. Principal Place of Business 2a. Mailing Address

21 **1400 LK Silver Dr** 26 **Box 2192**

22 Suite, Apt. #, etc.

23 **Winter Haven, FL** 27 **Winter Haven, FL**

24 **33881** 25 **USA** 28 **33883** 29 **USA** 30 **FL**

9. Name and Address of Current Registered Agent

Patricia Diane Greene
1405 LK Silver Dr. NE.
Winter Haven, FL 33881

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable) **SAME**

83 **SAME**

84 City **SAME FL** 85 Zip Code **SAME**

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 **Patricia D. Greene** DATE **3/31/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Chairman <input type="checkbox"/> DELETE
NAME	Mary C. Booker-Johnson
STREET ADDRESS	11580 Cibola Rd
CITY-ST-ZIP	Apple Valley, CA, 92308
TITLE	Treasurer - Co-Founder <input type="checkbox"/> DELETE
NAME	Patricia D. Greene
STREET ADDRESS	1400 LK Silver Dr NE
CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	Mandie Bartley <input type="checkbox"/> DELETE
NAME	Mandie Bartley
STREET ADDRESS	311 ORRIN CIRCLE
CITY-ST-ZIP	Winter Haven FL 33881
TITLE	TRUSTEE <input type="checkbox"/> DELETE
NAME	John A Wood
STREET ADDRESS	12981 Tomas verdes
CITY-ST-ZIP	Polway CA 92064
TITLE	Co-founder/Director <input type="checkbox"/> DELETE
NAME	RUTH ANN BOTT
STREET ADDRESS	140 LK Silver Dr NE
CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	UPBIRTH MIRANDA
13 STREET ADDRESS	300 24 St NW # 1037
14 CITY-ST-ZIP	Winter Haven, FL 33880
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 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	900002480009
5.3 STREET ADDRESS	-04/06/98--01081--018
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PE 4.6

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: **Ruth Ann Bott Director** DATE: **3/31/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (10/97)