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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
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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. W.E. Minion
Winter Haven FL 33881 House

2. Principal Place of Business 21 1400 LK Silver Dr	2a. Mailing Address 26 Box 2192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Winter Haven, FL	City & State 27 Winter Haven, FL
Zip 24 33881	Zip 29 33883
Country 25 USA	Country 30 POLY

3. Date Incorporated or Qualified 2/11/97
4. FEI Number 59-3429943
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 checked="" 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 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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman	11 TITLE	TRUSTEE
NAME	Mary C. Booker-Johnson	12 NAME	UBIRTH Miranda
STREET ADDRESS	11580 Cibola Rd	13 STREET ADDRESS	300 24th NW #1037
CITY-ST-ZIP	Apple Valley, CA 92308	14 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	Treasurer - Co-Founder	21 TITLE	
NAME	Patricia D. Greene	22 NAME	
STREET ADDRESS	1400 LK Silver Dr NE	23 STREET ADDRESS	
CITY-ST-ZIP	Winter Haven, FL 33881	24 CITY-ST-ZIP	
TITLE	Mandie Bartley	31 TITLE	
NAME	311 ORRIN CIRCLE	32 NAME	
STREET ADDRESS	Winter Haven FL 33881	33 STREET ADDRESS	
CITY-ST-ZIP	ADMINISTRATOR/DIRECTOR	34 CITY-ST-ZIP	
TITLE	TRUSTEE	41 TITLE	
NAME	John A Wood	42 NAME	
STREET ADDRESS	12981 Tomas verdes	43 STREET ADDRESS	
CITY-ST-ZIP	Polway CA 92064	44 CITY-ST-ZIP	
TITLE	Co-Founder/Director	51 TITLE	900002480009
NAME	RUTH ANN BOTT	52 NAME	-04/06/98--01081--018
STREET ADDRESS	140 LK Silver Dr NE	53 STREET ADDRESS	***61.25
CITY-ST-ZIP	Winter Haven, FL 33881	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: **Ruth Ann Bott Director** DATE: **3/31/98**

CR2E037 (10/97)