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FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000004981 (3)

1. Corporation Name

EAST LAKE BAPTIST FELLOWSHIP CHURCH, INC.



Principal Place of Business

Mailing Address

1335 MORNINGSTREET ST.
MT. DORA FL 32757

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MT. DORA FL 32757

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3472943

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

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

MCCANN, GERALD
31100 POCNO ST.
SORRENTO FL 32776

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MCCANN, GERALD
STREET ADDRESS 31100 POCNO ST.
CITY-ST-ZIP SORRENTO FL 32776

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DUNN, MIKE
STREET ADDRESS 25192 THORNHILL DR.
CITY-ST-ZIP MT. PLYMOUTH FL 32776

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ELMORE, LAURIE
STREET ADDRESS P. O. BOX 82 (N/A)
CITY-ST-ZIP SORRENTO FL 32776

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RUDY, ROSE
STREET ADDRESS 31105 WESTCHESTER AVE.
CITY-ST-ZIP SORRENTO FL 32776

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME CARTER, BILLY
STREET ADDRESS 32408 CHIPOLA TRAIL
CITY-ST-ZIP SORRENTO FL 32776

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Sandra B. Northam

(352)

CR2E037 (10/97)