


**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90001 028 \*\*\*\*61.25

AMOUNT DUE ON OR BEFORE 9/1/99: \$61.25 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REGISTER: \$61.25)

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000004219

1. Corporation Name

FAITH, HOPE AND LOVE COMMUNITY CHURCH, INC.

CENTRAL FLORIDA COMMUNITY CHURCH, INC.

Principal Place of Business

5595 E. IRLO BRONSON LOT 40  
ST. CLOUD FL 34771

Mailing Address

P.O. BOX 450879  
KISSIMMEE FL 34745-0879

2. Principal Place of Business 21 1001 BAY ST. Suite, Apt. #, etc. 22 City & State 23 KISSIMMEE, FLA. Zip 24 34744 Country 25 OSCEOLA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/20/1998 4. FEI Number 59-3531316 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
--	--	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, CHARLES F. E.  
 5595 E. IRLO BRONSON LOT 40  
 ST. CLOUD FL 34771

81 Name CHARLES E. REED	82 Street Address (P.O. Box Number is Not Acceptable) 1001 BAY ST.	83	84 City KISSIMMEE	85 Zip Code FL 34744
----------------------------	---	----	----------------------	-------------------------

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

CHARLES E. REED - PRESIDENT Charles E. Reed 8/26/99

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D PRESIDENT CHARLES E. REED 1001 BAY ST. KISSIMMEE, FL 34744	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D VICE PRESIDENT-DIRECTOR HARRY E. REED 5595 E. IRLO BRONSON-LOT 40 ST. CLOUD FLA. 34771	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D DIRECTOR-SECRETARY T. PATRICIA REED 5595 E. IRLO BRONSON-LOT 40 ST. CLOUD FLA. 34771	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

CHARLES E. REED 8/26/99 (802) 944-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)