

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **753236** (9)

1. Corporation Name

CHURCH DEVELOPMENT FUND OF FLORIDA, INC.



Principal Place of Business

**124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
07/03/1980

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2037205

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TWADDELL, WILLIAM
124 MARCIA DRIVE
ALTAMONTE SPRINGS FL 32714**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P TWADDELL, WILLIAM E**
STREET ADDRESS **411 SEVILLE AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **32714**

TITLE ☐ DELETE
NAME **V RANSOM, H. JAMES**
STREET ADDRESS **381 HAVERLAKE DRIVE**
CITY-ST-ZIP **APOPKA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S/V**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **32712**

TITLE ☐ DELETE
NAME **D ADAMS, KEITH**
STREET ADDRESS **1524 SE 37TH AVENUE**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **34471**

TITLE ☒ DELETE
NAME **SD STRONG, JOHN**
STREET ADDRESS **222 RANIER COVE, #100**
CITY-ST-ZIP **GASSELBERRY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **CD OWENS, WILLIAM G.**
STREET ADDRESS **4811 DERRY DT.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **D DERRY CT.**
5.4 CITY-ST-ZIP **32817**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS **WILLIAM E. BACKUS**
6.4 CITY-ST-ZIP **2981 CRYSTAL CT. TITUSVILLE, FL 32780**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM E. TWADDELL

6/18/96

Date

(407) 788-2475

Daytime Phone #

CR2E037 (3/96)