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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735151 (3)

1. Corporation Name

BURDEN FOR SOULS, INC.



Principal Place of Business

1214 ROGER BABSON RD.  
ORLANDO FL 32808

Mailing Address

1214 ROGER BABSON RD.  
ORLANDO FL 32808-55313. Date Incorporated or Qualified  
03/04/19763a. Date of Last Report  
04/12/19964. FEI Number  
51-0204828Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUVALL, C. TOM  
1214 ROGER BABSON RD.  
ORLANDO FL 32808

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 VD ☐ DELETE  
NAME DUVAL, STEPHEN  
STREET ADDRESS 34807 NASHUA BLVD.  
CITY- ST- ZIP SORRENTO FL 32776TITLE STD ☐ DELETE  
NAME DUVALL, WANDA  
STREET ADDRESS 1214 ROGER BABSON RD.  
CITY- ST- ZIP ORLANDO FLTITLE PD ☐ DELETE  
NAME DUVALL, TOM C  
STREET ADDRESS 1214 ROGER BABSON RD.  
CITY- ST- ZIP ORLANDO FL 32808TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 407-295-9877  
Date Daytime Phone # 0016893

CR2E037 (9/96)