

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006383 (3)

1. Corporation Name

ALONZO WALTON EVANGELISTIC MINISTRY, INC.



Principal Place of Business

Mailing Address

3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

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ORLANDO FL 32839

3. Date Incorporated or Qualified 12/14/1994	3a. Date of Last Report 08/22/1995
4. FEI Number 05-4204808 59-3305575	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

WALTON, ALONZO
3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

10. Name and Address of New Registered Agent

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 ALONZO WALTON, PRES. X Alonzo Walton DATE 4-22-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALTON, ALONZO	
STREET ADDRESS	8064 SAND PINES ESTATES BL.	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, LEROY	
STREET ADDRESS	4903 ANZIO ST	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALTON, BETTY	
STREET ADDRESS	6064 SAND PINES ESTATES	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TRUHLICKA, LARRY	
STREET ADDRESS	3313 FOXWOOD DR.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TRUHLICKA, ANGIE	
STREET ADDRESS	3313 FOXWOOD DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GENEVA	
STREET ADDRESS	4903 ANZIO ST.	
CITY-ST-ZIP	ORLANDO FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	CHERRIE JACKSON
2.4 CITY-ST-ZIP	5214 VIA HICENDA CT. LOT 105
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	OTTO GOMEZ
4.4 CITY-ST-ZIP	2839-D L.B. McLEOD Rd.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	JOYCE RENICK
5.4 CITY-ST-ZIP	2830 HARRIET DR.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X Alonzo Walton DATE 4-22-96 407 841-2589

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)