

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 4-22-96
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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, ALONZO	1.2 NAME	
STREET ADDRESS	8064 SAND PINES ESTATES BL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LEROY	2.2 NAME	CHERRIE JACKSON
STREET ADDRESS	4903 ANZIO ST	2.3 STREET ADDRESS	5214 VIA HICENDA CT. LOT 105
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, BETTY	3.2 NAME	
STREET ADDRESS	6064 SAND PINES ESTATES	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUHLICKA, LARRY	4.2 NAME	OTTO GOMEZ
STREET ADDRESS	3313 FOXWOOD DR.	4.3 STREET ADDRESS	2839-D L.B. McLEOD Rd.
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUHLICKA, ANGIE	5.2 NAME	JOYCE RENICK
STREET ADDRESS	3313 FOXWOOD DR	5.3 STREET ADDRESS	2830 HARRIET DR.
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GENEVA	6.2 NAME	
STREET ADDRESS	4903 ANZIO ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	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
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 407 841-2589
Date Day/Time Phone #

CR2E037 (12/95)