

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

3985 S. ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839



3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

08/22/1995

4. FEI Number

~~05-4204803~~ 59-3305575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

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

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

TITLE ☐ DELETE

NAME DP  
WALTON, ALONZO  
STREET ADDRESS 6064 SAND PINES ESTATES BL.  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☒ DELETE

NAME T  
WILLIAMS, LEROY  
STREET ADDRESS 4903 ANZIO ST  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME D  
WALTON, BETTY  
STREET ADDRESS 6064 SAND PINES ESTATES  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ DELETE

NAME VD  
TRUHLICKA, LARRY  
STREET ADDRESS 3313 FOXWOOD DR.  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ DELETE

NAME S  
TRUHLICKA, ANGIE  
STREET ADDRESS 3313 FOXWOOD DR  
CITY-ST-ZIP APOPKA FL 32703

TITLE ☒ DELETE

NAME T  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T ☐ Change ☒ Addition

CHERRIE JACKSON  
5214 VIA HICENDA CT. LOT 105  
ORLANDO, FL 32839

VP ☐ Change ☒ Addition

OTTO GOMEZ  
2839-D L.B. McLEOD Rd.  
ORLANDO, FL 32805

S ☐ Change ☒ Addition

JOYCE RENICK  
2830 HARRIET DR.  
ORLANDO, FL 32812

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

4-22-96

407

841-2589

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)