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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

Mailing Address

3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-8964



2. Principal Place of Business

21 638 CREEKWOOD

Suite, Apt. #, etc.

22

City & State

23 ORLANDO, FL

Zip

24 32809

Country

25 USA

2a. Mailing Address

26 P.O. Box 692537

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32869-2537

Country

30 USA

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report
04/25/1996

4. FEI Number
59-3305575

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

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

ALONZO WALTON

82 Street Address (P.O. Box Number is Not Acceptable)

6064 SAND PINES ESTATES BL.

83

84 City

ORLANDO

FL

85 Zip Code
32819

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE T
NAME KACLSPM. C.JERROE
STREET ADDRESS 5214 VIA HICENDA CT LOT 105
CITY-ST-ZIP ORLANDO FL ☒ DELETE

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

TITLE V
NAME GOMEZ, OTTO
STREET ADDRESS 2839-D LIB MCLEOD RD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S
NAME RENICK, JOYCE
STREET ADDRESS 2830 HARRIET DR
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.1 TITLE T
2.2 NAME JACKSON, CHERRIE
2.3 STREET ADDRESS 5225 VIA HACIENDA CT. #216
2.4 CITY-ST-ZIP ORLANDO, FL 32839 ☒ Change ☐ Addition

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

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

5.1 TITLE S
5.2 NAME PAULETTE SIMMONS
5.3 STREET ADDRESS 476 DECLARATION ST.
5.4 CITY-ST-ZIP ORLANDO, FL 32809 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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. *BETTY WALTON*

SIGNATURE:

Betty Walton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

Daytime Phone # 0017809

CR2E037 (9/96)