

FILE NOW: FILING FEE IS \$61.25

FILED

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

Mailing Address

3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

3985 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-8964

3. Date Incorporated or Qualified
12/14/1994

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

2. Principal Place of Business

2a. Mailing Address

21 638 CREEKWOOD

26 P.O. Box 692537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32809

25 USA

29 32869-2537

30 USA

4. FEI Number
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

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. ALONZO WALTON

SIGNATURE *Alonzo Walton*

DATE
4-23-97

Signature, typed or printed name of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

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

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

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

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

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

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

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

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

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

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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. BETTY WALTON

SIGNATURE: *Betty Walton* REQUIRED

DATE
4-23-97

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0017809

CR2E037 (9/96)