

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000006383 (3)**  
 1. Corporation Name

**ALONZO WALTON EVANGELISTIC MINISTRY, INC.**



Principal Place of Business <b>636 CREEKWOOD ORLANDO FL 32809 US</b>	Mailing Address <b>P.O. BOX 692537 ORLANDO FL 32669-2537 US</b>
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3. Date Incorporated or Qualified  
**12/14/1994**

4. FEI Number  
**59-3305575**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 6064 SAND PINES EST.</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 ORLANDO, FL</b>	City & State <b>28</b>
Zip <b>24 32819</b>	Country <b>25</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**WALTON, ALONZO  
 6064 SAND PINES ESTATES BLVD.  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

<b>01</b> Name
<b>02</b> Street Address (P.O. Box Number is Not Acceptable)
<b>03</b>
<b>04</b> City
<b>05</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WALTON, ALONZO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6064 SAND PINES ESTATES BL.	1.2 NAME	
STREET ADDRESS	ORLANDO FL 32839	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T JACKSON, CHERRIE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5225 VIA HACAIENDA CT., #218	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WALTON, BETTY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6064 SAND PINES ESTATES	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32819	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GOMEZ, OTTO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2839-D LIB MCLEOD RD	4.2 NAME	
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S SIMMONS, PAULETTE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	476 DECLARATION ST	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Alonzo Walton* **ALONZO WALTON** 4-25-98 407345-8159

CR2E037 (10/97)