

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001067

Entity Name: AVALON MINISTRIES, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

10187 CLARCONA OCOEE ROAD  
APOPKA, FL 32703

## New Principal Place of Business:

1000 WINDY WAY  
APOPKA, FL 32703

## Current Mailing Address:

10187 CLARCONA OCOEE ROAD  
APOPKA, FL 32703

## New Mailing Address:

1000 WINDY WAY  
APOPKA, FL 32703

FEI Number: 26-0031582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, PATRICIA  
10187 CLARCONA OCOEE ROAD  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: ROBBINS, LLOYD  
Address: 10187 CLARCONA OCOEE ROAD  
City-St-Zip: APOPKA, FL 32703

Title: VTD ( ) Delete  
Name: ROBBINS, WENDY  
Address: 10187 CLARCONA OCOEE ROAD  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: CLARK, PATRICIA  
Address: 10187 CLARCONA OCOEE ROAD  
City-St-Zip: APOPKA, FL 32703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: ROBBINS, LLOYD  
Address: 1000 WINDY WAY  
City-St-Zip: APOPKA, FL 32703

Title: VTD (X) Change ( ) Addition  
Name: ROBBINS, WENDY  
Address: 1000 WINDY WAY  
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD ROBBINS

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date