## **FILED** FILE NOW: FILING FEE IS \$61.25 May 08 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N04292 (1) DANNY DAVID EVANGELISTIC ASSOCIATION, INCORPORAT Principal Place of Business Mailing Address 1221 IBSEN AVE 1221 IBSEN AVE 3. Date Incorporated or Qualified ORLANDO FL 32809 ORLANDO FL 32809 07/20/1984 Applied For Not Applicable 59-2455538 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 6. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 🔽 No 23 26 Zip Zip Country This corporation owes or has paid the current year inlangible Personal Property Tax due June 30. Country 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVID, DANNY Street Address (P.O. Box Number is Not Acceptable) 1221 IBSEN AVE ORLANDO FL 32809 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change Addition DAVID, DANNY 1.2 NAME NAME CR2E037 1221 IBSEN AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition MILE 2.1 TITLE DST NAME DAVIO, MILDRED 2.2 NAME 1221 IBSEN AVENUE STREET ADORESS 2.3 STREET ADDRESS CITY-ST-2IP ORLANDO FL 2. 4 City-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE PYLE, FRANK J. JR NAME 3.2 NAME 1525 E ROBINSON STR STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition WITKO, LIBBY 4. 2 NAME 2307 E.H. POUNDS DR. 4.3 STREET ADDRESS STREET ADDRESS OCOEE FL CITY-81-29 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME HAMMOND, MARTY 5.2 NAME 1920 WOODCREST DR. STREET ADDRESS 5.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

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 write an address.

**6.3 STREET ADDRESS** 6.4 CITY-S1-ZIP

4-23-98

(417)859-2038

TITLE

MALLE

STREET ADDRESS

SIGNATURE: