FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90271 003 ****61.25

DOC	JMEN	1 T #	N1	8990

1. Corporation Name

AVALON BAPTIST CHURCH, INC.

Principal I	Place	of	Business
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Mailing Address

Fillicipal Flace) () Digitious		•			3 ^					
4316 AVALON	N BLVD 4316 AVALON BLVD.							I en iferalisti			
MILTON FL 32	583	MILTON FL 32583									
US		US					i idilität ant sinst iniin istin rati	I MRII BIANI BIA	III AIAIS BIASI BI		;
	·										}
2. Principal Place of Business 2a. Mailing Address		ress				3. Date incorporated or Qualifed					
21	acco of Education	26	<u> </u>				01/28/1987				. 1
Suite, Apt.	# etc		Suite, Apt. #, etc.				4. FEI Number		Ap	plied For	(
22	., 5.0	27	—				59-2719053		— —	t Applicable	
City & State		City & State						\$8.75			
23		28			Ţ	5. Certifcate of Status Desired		Fee Re	quired		
Zip	Country	Zip	,	Country	_		6. Election Campaign Financing		\$5.00	May Be	
24	25	29	. 30				Trust Fund Contribution		Added t	•	
	9. Name and Address of Current Registered Agent				10. Name and Address of New R	egistered	Agent				
				81	Name					į	
PORFRIC	ON, DAVID			82	Stract	Address	(P.O. Box Number is Not Accepta	hle)			ĺ
5624 CAR	· · · · · ·			02	Sureet i	Audress	r (r .o. box number is not Accepta	, vio			
MILTON F				83							ı İ
MILLOIAL	L 02300								log late		
	•			84	City		* جنب	FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508 Flor	ida Statutes, 1	the above	-named	comora	tion submits this statement for the	numose of	changing its	registered	
office or n	egistered agent or both in the State of	Florida Such chai	nde was autho	ndred hv	the corne	oration's	board of directors. I hereby accept	t the appoir	ntment as re	gistered	
	m familiar with, and accept the obligation	ins of, Section 617	.uous, rionaa	Statutes	•		ے				
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable	(NOTE: Reg	istered Ager	t sionature n	required wh	en reinstating)	DATE		\	6
12.	OFFICERS AND		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.			ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12	Č
TITLE	VTR		DELETE	1.1 TITLE		T			Change	☐ Addition	È
NAME.	WHITFIELD, CLARENCE			1.2 NAME]					ב
STREET ADDRESS	623 FORTE ST	The state of the s		1.3 STREET	ADDRESS	.]		•		ì	2
CITY-ST-ZIP	PACE FL			1.4 CITY-S							Š
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NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET	ADDRESS		المارين		~			
	MILTON FL			2. 4 CITY-S			_			1	
CITY-ST-ZIP TITLE	STR	चि	DELETE	3.1 TITLE	1-21	Cmr			Change	Addition	
į	BILBO, JACK	T		3.2 NAME		STE			X ,	_	
NAME CTREET ADDRESS	6550 WHIPPORWILL LANE		ł	3.3 STREET	ADDRESS :		ke Roberts				ı
STREET ADDRESS	MILTON FL 32583					1 714	5 Cherry BLosso	om			
CITY-ST-ZIP	PTR	<u> </u>	DELETE	3.4. CITY+S 4.1 TITLE	1.21	 Mi	l ton,F1 - 32570 -		Change	☐ Addition	ĺ
TITLE	ROBERTSON, DAVID			4.2 NAME			•				
NAME	•		į		ADDECOC					ļ	i
STREET ADDRESS	5624 CARDIMAN			4.3 STREET		1					
CITY-ST-ZIP	MILTON FL 32583		DELETE	4.4 CITY-ST	1-ZIP				☐ Change	Addition	
TITLE		- L	ALE IC	5.1 HILLE 5.2 NAME							ĺ
NAME			į	5.3 STREET	ANNESS						
STREET ADDRESS											ĺ
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NAME				6.2 NAME		ĺ			-		
STREET ADDRESS	•			6.3 STREET		1			•)	
CITY-ST-ZIP				6.4 CITY-S	r-zip	1					į

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 affactoment with an address, with all other like empowered.

SIGNATURE: