FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N23922 (0)

1. Corporation Name
DUVALL HOME FOUNDATION, INC.

Principal Place of Business	Mailing Address
3395 GRAND AVENUE GLENWOOD FL 32722 US	P O BOX 220036 GREENWOOD FL 32722 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1987	3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-2910069	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

DAVIS, W. BLAKE
3395 GRAND AVENUE
GLENWOOD FL 32722

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, TED	12 NAME	
STREET ADDRESS	W. HIGHWAY 66	13 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN,DELBERT WAYNE	22 NAME	
STREET ADDRESS	RT 2 BOX 1450 NURSERY RD	23 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	RINKER, MARSHALL	32 NAME	
STREET ADDRESS	1670 SPARKLING CT.	33 STREET ADDRESS	140 Willadel Drive
CITY-ST-ZIP	DUNEDIN FL	34 CITY-ST-ZIP	Belleair, FL 34616
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	KIRKPATRICK, JOHN B.JR.	42 NAME	
STREET ADDRESS	1605 BUENA VISTA DR.	43 STREET ADDRESS	1601 Buena Vista Drive
CITY-ST-ZIP	EUSTIS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TUPPER, C FRED	52 NAME	
STREET ADDRESS	329 WEKIVA COVE RD	53 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HUEBSCH, NEAL D	62 NAME	
STREET ADDRESS	205 E PARKWOOD LN	63 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: John Kirkpatrick 07/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033256

N23922

The Duvall Home

3395 Grand Avenue • P.O. Box 220036 • Glenwood, Florida 32722 • (904) 734-2874

DUVALL HOME FOUNDATION TRUSTEES

John B. Kirkpatrick, Jr., Chairman
1601 Buena Vista Drive
Eustis, FL 32726
(904) 357-2047 (RES)
(813) 687-2682 (BUS)

D. Wayne Zimmerman
P. O. Box 857
Leesburg, FL 32748
(904) 326-5418 (RES)
(904) 787-7227 (BUS)

C. Fred Tupper, Secretary
329 Wekiva Cove Road
Longwood, FL 32779
(407) 682-6277 (RES)

Mr. Ted White, Treasurer
P. O. Box 2027
Leesburg, FL 32749
(904) 357-2047 (RES)
(904) 360-6240 (BUS)

Neal D. Huebsch
205 E. Parkwood Lane
Edgewater, FL 35035
(904) 423-0000 (RES)

Mr. Marshall Rinker
140 Willadel Drive
Belleair, FL 34616
(813) 446-3307 (RES)

sbh/7/19/95

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 23 AM 10:13
TALLAHASSEE, FLORIDA

DOCUMENT # **N24045** **(9)**

1. Corporation Name

ABUNDANT LIFE CHRISTIAN ASSEMBLY, INC.

Principal Place of Business	Mailing Address
1925 NW 60TH AVE. P.O. BOX 4293 OCALA FL 32678	1925 NW 60TH AVE. P.O. BOX 4293 OCALA FL 32678

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2890422 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 222 S.W. BROADWAY ST
22: Suite, Apt. #, etc.
23: City & State: OCALA, FL.
24: Zip: 34474 25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

9. Name and Address of Current Registered Agent

YOUNG, JAMES M.,JR.
1925 NW 60TH AVE.
OCALA FL 32675

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code: 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JAMES M., JR.	12 NAME	
STREET ADDRESS	1925 NE 60TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, DELORISE	22 NAME	
STREET ADDRESS	2036 NW 2ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	YARBOROUGH, RALPH A.	32 NAME	
STREET ADDRESS	14480 NE 250TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BROWN, JAMES	42 NAME	
STREET ADDRESS	3421 NE 13TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James M. Young Jr. JAMES M. YOUNG, JR. 7/24/95 (904)622-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017770