

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31982 (4)
1. Corporation Name
FRIENDSHIP ALLIANCE CHURCH OF LAKE MARY, INC.

APPROVED
AND
FILED

95 APR 18 PM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1401 QUEEN ELAINE DRIVE P.O. BOX 865
CASSELBERRY FL 32707 LAKE MARY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/26/1989 3a. Date of Last Report 06/06/1994
4. FEI Number 59-0960355 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 2a. Mailing Address
21 4304 KILDAIRE AVE 26 PO BOX 955
Suite, Apt. #, etc. 27
22 City & State 28 LAKE MARY, FL
23 ORLANDO, FL 29 32746 30 Seminole
Zip Country Zip Country
24 32812 25 Orange

9. Name and Address of Current Registered Agent
LANGE, JOHN
1401 QUEEN ELAINE DRIVE
CASSELBERRY FL 32707
10. Name and Address of New Registered Agent
81 Name Pastor Rex Jones Jr
82 Street Address (P.O. Box Number is Not Acceptable)
4304 KILDAIRE AVE
83
84 City ORLANDO FL 85 Zip Code 32812

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 *John Lange* *Pastor Rex Jones Jr* DATE 4/12/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D 1.1 TITLE ☐ Change ☐ Addition
NAME LANE, CHARLES 1.2 NAME
STREET ADDRESS 193 EMARVIN AE N 1.3 STREET ADDRESS
CITY - ST - ZIP LONGWOOD FL 32750 1.4 CITY - ST - ZIP
TITLE D 2.1 TITLE ☒ Change ☐ Addition
NAME LANGE, JOHN 2.2 NAME
STREET ADDRESS 1401 QUEEN ELAINE DRIVE 2.3 STREET ADDRESS
CITY - ST - ZIP CASSELBERRY FL 32707 2.4 CITY - ST - ZIP Longwood, FL 32750
TITLE T 3.1 TITLE ☐ Change ☐ Addition
NAME GUILFOYLE, KAREN 3.2 NAME
STREET ADDRESS 440 SLUMBER LN 3.3 STREET ADDRESS
CITY - ST - ZIP CASSELBERRY FL 3.4 CITY - ST - ZIP
TITLE D 4.1 TITLE ☐ Change ☐ Addition
NAME LANE, JESSICA 4.2 NAME
STREET ADDRESS 994 LORMANN CIR 4.3 STREET ADDRESS
CITY - ST - ZIP LONGWOOD FL 32750 4.4 CITY - ST - ZIP
TITLE D 5.1 TITLE ☐ Change ☒ Addition
NAME JONES, Rex Jr 5.2 NAME
STREET ADDRESS 4304 KILDAIRE AVE 5.3 STREET ADDRESS
CITY - ST - ZIP ORLANDO, FL 32812 5.4 CITY - ST - ZIP
TITLE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY - ST - ZIP 6.4 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)(k), 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: *Karen Guilfoyle* 4/12/95 4077679556
(Signature and typed or printed name of signing officer or director) (Date) (Type/Phone #)

N31982

The reason #11-10
crossed out is because
Mr. Auge resigned
shortly after signing, I
had the new chairman
sign.