

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N31982** (4)

1. Corporation Name

FRIENDSHIP ALLIANCE CHURCH OF LAKE MARY, INC.



Principal Place of Business

Mailing Address

**4304 KILDAIRE AVE.
ORLANDO FL 32812
US**

**P.O. BOX 955
LAKE MARY FL 32746
US**

3. Date Incorporated or Qualified
04/26/1989

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **600 N. U.S. Hwy 17-92**

26 Suite, Apt. #, etc.

22 **842.110**

27 Suite, Apt. #, etc.

23 **Longwood FL**

28 City & State

24 **32750**

Country

29 Zip

Country

25 **US**

30 Zip

Country

4. FEI Number

59-0960355

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, REX J PASTOR
4304 KILDAIRE AVE.
ORLANDO FL 32812**

81 Name **Rev. Richard Hoover**

82 Street Address (P.O. Box Number is Not Acceptable)

1342 Hurst St

83

84 City **Holly Hill**

FL

85 Zip Code **32117**

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

Richard Hoover

(NOTE: Registered Agent signature required when reinstating)

2/25/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **LANE, CHARLES**
STREET ADDRESS **193 EMARVIN AE N**
CITY - ST - ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE
NAME **LANE, CLARENCE B III**
STREET ADDRESS **994 LORMANN CIRCLE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **T** ☐ DELETE
NAME **GUILFOYLE, KAREN**
STREET ADDRESS **440 SLUMBER LN**
CITY - ST - ZIP **CASSELBERRY FL**

TITLE **D** ☐ DELETE
NAME **LANE, JESSICA**
STREET ADDRESS **994 LORMANN CIR**
CITY - ST - ZIP **LONGWOOD FL 32750**

TITLE **D** ☒ DELETE
NAME **JONES, REX J**
STREET ADDRESS **4304 KILDAIRE AVE.**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN GUILFOYLE

2/25/96

Date

4072624936

Daytime Phone

CR2E037 (12/95)