FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	Dividion of					
DOCU 1. Corporatio	MENT # N3335	7 (7)					
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CHUNG	n within the onunon, i	110,			I II ONGLAN DER HINAR HINAU JUGA GANK ER	DA BIBU BIBII BIBU BIBU	ALAM ALAM MALA
Principal Place of Business Mailing Address							
C/O AL MEYER C/O AL MEYER							
212 N ATLANTIC AVE. S. DAYTON FL 32119 US		352 JOY ROAD SOUTH DAYTONA FL 32119-3432					
US		US		3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last 04/22/19		
	Place of Business	2a. Malling Address	alling Address		4. FEI Number 59-2981017		Applied For
26 26					00 200 10 17	E0 7	Not Applicable Additional
22 27					5. Certificate of Status Desired		Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.0	O May Be
23	28			······	Trust Fund Contribution		d to Fees
Zip 24	Country 25	Zip 3	Country		8. This corporation has liability for I	intangible tax unde: ☐ Yes ☐ No	rs. 199.032,
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Re		
			61	Name			
MEYER, AL				Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
352 JOY ROAD							
S. DAYTO	ONA FL 32119		83			<u> </u>	
			84	City		FL 85 Zi	p Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	, the above	-named cor	poration submits this statement for the p		g its registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such change was aut pations of, Section 617.0503, Flori	thorized by da Statutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	ot the appointment	as registered
SIGNATURE					<u> </u>		i
12.	Signature, typed or printed name of registered ag		Registered Age	nt signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECT	ORS IN 12
TITLE			1.1 TITLE		ADDITIONAL TO OTHE	☐ Chang	
NAMÉ	MEYER, AL	121					
STREET ADDRESS	an intermedia		1.3 STREET	address			
CITY-ST-ZIP	S. DAYTONA FL		1.4 CITY - S	r-ZIP			
TITLE	D	DELETE	2.1 TITLE			Chaing	e 🔲 Addition
NAME ATOMES ADDRESS		SANFORD, MARTHA		4000rn2			,
STREET ADDRESS CITY-ST-ZIP			2.3 STREET 2.4 CITY - S				
TITLE	D DATTORA DEAON TE	☐ DELETE	3.1 TITLE	1-24		Chang	e Addition
NAME	MEYER, BRIAN		3.2 NAME			_ -	
STREET ADDRESS	1482 CENTER AVE. 33		3.3 STREET	ADDRESS			' I
CITY-ST-ZIP	HOLLY HILL FL			T-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	e Maddition
NAME DEDECT ADDRESS	1		4.2 NAME	ADDOCCO			ŀ
STREET ADDRESS CITY - ST - ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-2IP				I
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME	ļ			1
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	···.	—	
THTLE		☐ DELETE	6.1 TIFLE	:		Chang	e 🔲 Addition
NAME CARECA ADDRESS			6,2 NAME	LDODGOO			
STREET ADDRESS			6.3 STREET	ADDRESS			

14. I do 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 with an address.

SIGNATURE

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/7 /- 3 -- 7 /- 35 /- 30 (Dayline Phone #0002300

FILED

May 19 1997 8:00am

Secretary of State