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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # N4775 AITH WESLEYAN CHURCH.	()							
1112 11	ATT WEDELIAN ORIOTORIS	, 1140-							
Principal Place	e of Business	Mailing Address				F	1801 01011 013 14	PIDII DIDII	
582 PLANTATION DRIVE 582 PLANTATION DRIVE MIDDLEBURG FL 32068-6867 MIDDLEBURG FL 32068-6867									
					3. Date Incorporated 03/06/199		3a. Date	of Lest I 2/07/1	
·	ace of Business	2a. Mailing Address			4. FEI Number 59-302492)1			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\rightarrow	Not Applicable Additional
22		27			5. Certificate of Statu	s Desired			Required
City & State	e 	City & State			6. Election Campaign Trust Fund Contrib	•			May Be I to Fees
Zip 24	Country 25	Zip 29	Coun	try	This corporation has Florida Statutes		Yes □ N	0	199.032,
•	9. Name and Address of Currer	nt Registered Agent		31 Name	10. Name and Addre	se of New Re	gistered Ag	ent	
LAMP /	^ADEV E			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Carey e. Arnes street		8	Street /	Address (P.O. Box Number is t	Not Acceptable	9)		
	E PARK FL 32073		ε	33					
			 -	34 City				85 Zip	Code
44 6		1017 1000 5 11 0					ᅡᇈᆝ		
■ 1 Pulceupot 1			oo tha abou	~ ~~~~~				xna ns re	aoistered office
or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz ion 617.0503, Florida Statutes	es, the abovi led by the co s.	e-named co prporation's	progration submits this statement board of directors. I hereby ac	cept the appoir	ntment as re	gistered	agent. I am
	red agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent				orporation submits this statement board of directors. I hereby accepting when reinstating.	cept the appoi	ntment as re	gistered	agent. I am
	Signature, typed or printed name of registered agent OFFICERS AN	and title I applicable (NC			equired when reinstating) ADDITIONS/CHAN		DATE		RS IN 12
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certify 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: Konald Description 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.

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