

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996 8-8-96



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

DOCUMENT # N93000001018 (1)  
1. Corporation Name

ALPHA LIFE MINISTRIES, INC.



Principal Place of Business

1250 HARDING AVE  
LAKE WALES FL 33853

Mailing Address

119 SOUTH WETMORE STREET  
LAKE WALES FL 33853

3. Date Incorporated or Qualified  
03/01/1993

3a. Date of Last Report  
08/04/1995

4. FEI Number  
59-3173203

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 322 Thornhill Est Ct  
Suite, Apt. #, etc.

2a. Mailing Address

26 119 South Wetmore St  
Suite, Apt. #, etc.

City & State

23 Winter Haven

City & State

28 LAKE WALES Fla

Zip

24 33860

Country

25 Polk

Zip

29 33853

Country

30 Polk

9. Name and Address of Current Registered Agent

LEE, BRENDA R  
119 SOUTH WETMORE STREET  
LAKE WALES FL 33853

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 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 BRENDA R. LEE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEE, BRENDA, R  
STREET ADDRESS 119 S. WETMORE ST  
CITY - ST - ZIP LAKE WALES FL 33853 ☐ DELETE

TITLE VPD  
NAME TAYLOR, RONALD, B  
STREET ADDRESS 1276 OTAWA  
CITY - ST - ZIP AKRON OH 44305 ☐ DELETE

TITLE S  
NAME BOGUES, DIANE  
STREET ADDRESS 550 BURNS AVE APT 46  
CITY - ST - ZIP LAKE WALES FL 33853 ☐ DELETE

TITLE Y  
NAME HUNTER, JOHNNIE  
STREET ADDRESS 119 S WETMORE ST  
CITY - ST - ZIP LAKE WALES FL 33853 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: Dunbar R. [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

941-294-9517

Daytime Phone #

CR2E037 (3/96)  
0013014