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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400005631 (6)

	Trinsi Chunch Or CEN	ITHAL FLORIDA, IN						
Principal Place of Business Mailing Address				r neetiliet, ere neur er bir eerit defist denit			fe Balbi Bills Biss	8 (1)\$1 1181 188 1
\$376 SILVER STAR ROAD ORLANDO FL 32808 US ORLANDO FL 32808 US ORLANDO FL 32808 US			ROAD			3. Date Incorporated or Qualified 11/15/1994		
00		00				4. FEI Number 59-3249008	—	Applied For Not Applicable
2. Principal F	Place of Business	26. Mailing Address 26				5. Certificate of Status Desired	~	Additional Required
Suite, Apt. #, etc		Suite, Apt. #, etc.			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
City & State	e	City & State				7. Is this nonprofit corporation a homeow	vners associat	ion?
Zip 24	Country 25	Zip 29	30	ountry		This corporation owes or has paid the Personal Property Tax due June 30.		ntangible No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
5804 WI ORLAND	JAMES C ESTBURY DR 90 FL 32808			83 84	City		-L ` '	o Code
11. Pursuant office or agent. Le	TAMES C. MONKO	gations of, Seaton 617.05	1 C.	M	mrol	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing appointment a	its registered is registered
12.	Signature, typed or printed name of registered a	OPPLIED TO DESCRIPTION OF THE PROPERTY OF T	(NOTE Registe		nt signature requ	Ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	D	DELE		TITLE		7,00111010/0/10102010 071702107	☐ Change	
NAME	FRANKLIN, DONALD			NAME	-			
STREET ADDRESS	1227 MAY BROOK ST		1.3	STAEET	ADDRESS			
CITY - ST - ZIP	APOPKA FL 32703	DELETE		1.4 CHTY-ST-ZIP			Change	Addition
NAME	CHATMAN, MICHAEL B			NAME	}		L3 Onango	
STREET ADORESS	210 S. SOMERSET CT.				ADDRESS			
CITY-ST-ZIP	SANFORD FL 32773			4 CITY-:		Y .	•	
TITLE	D	DELE		TITLE	., 411		Change	Addition
NAME	WASHINGTON, WILLIE L	-		NAME			-:- •	
STREET ADDRESS	4942 CENTER LANE		3.3	STAEET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32808		3	CITY-	1			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 or an attachment of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE:

RICHARDSON, VINCENT SR.

6407 LOST TREE LANE

ORLANDO FL 32818

TITLE

NAME

THLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

___ Addition

Addition

FILED

Apr 22 1998 8:00am

Secretary of State