SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra D. Horinam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002100 (3)

ALMSWAY MINISTIRES, INC.

FILED 97 OCT 14 AM 8: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									1 1881LIBI BIR IBILI	ı alını danıl daril		1 0 160 11001 1107		
680 BROOKFIELD LOOP LAKE MARY FL 32746 680 BROOKFIELD LOOP LAKE MARY FL 32746									D	O NOT WRIT	E IN THIS	SPACE		
									3. Date Incorporated			Date of Last	Report	
ł									04/18/1996					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			T 1,	Applied For	
21				26				- 1	59-334	1120		⊢ →	Not Applicab	ole
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of State		П	\$8.75	Additional	
22				27					• Certificate of State	us Desired		Fee	Required	
City & State				City & State					Election Campaig		_		O May Be	
23				Zip Country					Trust Fund Contri				d to Fees	_
Zip 24	Country			, '			ntry		8. This corporation of			_ ′	Intangible	
24 25 25 26 Name and Address of Current				<u>-1 </u>				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent						
						81	Namo	<u>-</u>						\dashv
KENNED	Y, HAROLD	F				L								
3575 W. LAKE MARY BLVD., SUITE 107						82	Street A	Address (P.O. Box Number is Not Acceptable)		able)		E		
LAKE MARY FL 32746										-10/16/	47	11084	008	\dashv
		•								*************************************		—— 	61.25	
						84	City		•		۴۱	85 Zij	Code"	
11. Pursuant office or r	to the provision	ons of Sections 617.05	02 and 6	617.1508, Florida Statu da. Such change was	tes, the a	bove d h	o-named o	corpora	tion submits this state	ement for the	purpose	of changing	its registere	đ
agent. Ļa	ım familiar with	a, and accept the oblig	ations o	1, Section 617.0503, FI	orida Sta	tutes	3.			rioreby doc	ope into ap	pointmont	.s rogiatorou	
SIGNATUR¥ _	Signature, typed o	r printed name of registered ag	ent and titic	if applicable. (NO	E: Registere	d Áge	nt signature	required w	hen reinstating)		DATE			
12.	OFFICERS AND						13.		ADDITIONS/CHAN	GES TO OFFI	CERS AN	D DIRECTO	RS IN 12	7
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NAME		o, robinson			1.2 N	AME								1.7
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NAME	FITZGERA	•			4.21									
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STREET ADDRESS							ADDRESS				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	$\bigcup /$		-
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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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.