FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000002100 (3)

ALMSWAY MINISTIRES, INC. Principal Place of Business Mailing Address 680 BROOKFIELD LOOP 680 BROOKFIELD LOOP 3. Date Incorporated or Qualified LAKE MARY FL 32746 LAKE MARY FL 32746 04/18/1996 4. FEI Number Applied For 59-3341120 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional \mathbf{Z} 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 Trust Fund Contribution 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No Country Zip Country Zip 8. This corporation owes or has pald the current year Intangible 24 Yes Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KENNEDY, HAROLD E 82 Street Address (P.O. Box Number is Not Acceptable) 3575 W. LAKE MARY BLVD., SUITE 107 83 LAKE MARY FL 32748 85 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition IZQUIERDO, ROBINSON NAME 1.2 NAME 680 BROOKFIELD LOOP 1.3 STREET ADDRESS STREET ADORESS LAKE MARY FL 32748 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME DRAKE, SYLVIA 2.2 NAME 680 BROOKFIELD LOOP STREET ADDRESS 2.3 STREET ADDRESS LAKE MARY FL 32746 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change __ Addition 3 1 TITLE TITLE FITZGERALD, YVONNE 3 2 NAME NAME 1229 PARK GREEN STREET ADDRESS 3.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME FITZGERALD, ERIC 4. 2 NAME 1229 PARK GREEN STREET ADDRESS 4.3 STREET ADDRESS WINTER PARK FL 32789 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CFTY - ST - ZWP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 62 NAME

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 chapter 617 and that my name appears in Block 12 or Block 13 if chapter 617.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-28-28

FILED

May 11 1998 8:00am

Secretary of State