SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:13

DOCUMENT # P17806 (1)

1. Corporation Name

RONNIE AVALONE EVANGELISTIC ASSOC. INC.

Principal Place of Business	Mailing Address
4712 BARRETT STREET PVT RES. DELRAY BEACH FL 33445 US	P.O BOX 6565 DELRAY BEACH FL 33484 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1988
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1725253 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has/will be liable for tax under s. 220.032, Florida Statutes ☐ Yes ☐ No ?

Ronnie Avalone
4712 Barrett St.
Delray Beach, FL 33445-3843

2. 21 Suite, Apt. #, etc.
22
23 City & State
24 Zip
25 County Palm Beach

2a. 26 as stated above Suite, Apt. #, etc.
27
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

AVALONE, RONNIE
4712 BARRETT STREET
DELRAY BEACH FL 33445

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	AVALONE, RONNIE	12 NAME		
STREET ADDRESS	4712 BARRETT ST.	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WINTON, HUGH	22 NAME		
STREET ADDRESS	1939 PARK PLACE	23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	AVALONE, ANITA	32 NAME		
STREET ADDRESS	4712 BARRETT ST.	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PARSONS, WILLIAM	42 NAME		
STREET ADDRESS	1303 NE 2ND AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	FILOCCO, HELEN	52 NAME		
STREET ADDRESS	4712 BARRETT ST.	53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	THORNBURG, LARRY J	62 NAME		
STREET ADDRESS	245 WESTWOOD CIRCLE	63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: Ronnie Avalone 7/7/95 407-498-7042
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0012331