FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P17806 (1)

1. Corporation Name

RONNIE AVALONE EVANGELISTIC ASSOC. INC.

Principal Place of Business	Mailing Address
REV. AVALONE, RONNIE 4712 BARRETT ST DELRAY BEACH FL 33445 US	P.O BOX 6565 DELRAY BEACH FL 33484 US

3. Date Incorporated or Qualified: 01/28/1988

3a. Date of Last Report: 06/12/1995

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

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

2. Principal Place of Business	2a. Mailing Address
21 Att Residence	26 P.O. Box 6565
22 Suite, Apt. #, etc. 4712 BARRETT STR.	27 Suite, Apt. #, etc.
23 City & State DELRAY BEACH	28 City & State Delray Beach, Fla.
24 Zip 33445 25 Country Palm Bch.	29 Zip 33484 30 Country USA

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 Rev. Ronnie AVALONE, Rev. Ronnie Avalone, Pres. 1/22/96
(Typed or printed name of person signing) (If applicable, title of person signing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AVALONE, RONNIE	
STREET ADDRESS	4712 BARRETT ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	☐ DELETE
NAME	WINTON, HUGH	
STREET ADDRESS	1939 PARK PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	☐ DELETE
NAME	AVALONE, ANITA	
STREET ADDRESS	4712 BARRETT ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	PARSONS, WILLIAM	
STREET ADDRESS	1303 NE 2ND AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	☐ DELETE
NAME	FILOCCO, HELEN	
STREET ADDRESS	4712 BARRETT ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ DELETE
NAME	THORNBURG, LARRY J	
STREET ADDRESS	245 WESTWOOD CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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: Rev. Ronnie Avalone Pres. 1/22/96 (407) 498-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #