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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

P17806

(1)

RONNIE AVALONE EVANGELISTIC ASSOC. INC.

245 WESTWOOD CIRCLE

WEST PALM BEACH FL

STREET ADDRESS

CITY-ST-ZIP

FILED Jan 28 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address										
REV. AVALONE. RONNIE P.O BOX 6565 4712 BARRETT ST DELRAY BEACH FL 33482- DELRAY BEACH FL 33445 US			65							
US	. ,	•				3. Date incorporated or Qualified 01/28/1988	3a. Date o	of Last F 26/19	teport 96	
2. Principal Place of Business 21 4712 3 RR RETT ST 26 P.O. Boy					E0_179E9E9			pplied For ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			•	5. Certifica		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 28 FLBRICE			PH					May Be to Fees		
Zip Country Zip				MB		8. This corporation has liability for in Florida Statutes	ntangible tax		i. 199.032,	
	9. Name and Address of Current	Registered Agent		·	1	0. Name and Address of New Re	pistered Age	nt		
AVALONE, RONNIE				Name						
4712 BARRETT STREET			82		Address	(P.O. Box Number is Not Acceptab	le)			
DELRAY	BEACH FL 33445		84					IS Zip	Code	
							FL °			
11. Pursuant office or agent. 1 a	to the provisions of Sections 617.0502 egistered agent, or both, in the State im familiar with, and accept the obligation of Rev. Round C	of Florida. Such change was au tions of, Section 617.0503, Flori	thorized by da Statute	y the corp s.	ooration'	s board of directors. I hereby accep	ot the appoint	anging i ment as	ts registered registered	
	Signature typed or printed name of registered ager			ent signature	required w	hen reinstating)	DATE			
12.	OFFICERS AND		13.		r	ADDITIONS/CHANGES TO OFFIC				
TITLE	PD PONE PONNE	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	AVALONE, RONNIE		1.2 NAME							
STREET ADDRESS	4712 BARRETT ST.		1.3 STREET	T ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL	□ B5/ 575	1.4 CITY - ST - ZIP						1.000	
TITLE	VD	☐ DELETE	2.1 TITLE		1		. U	Change	Addition	
NAME	WINTON, HUGH		2.2 NAME							
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS			1			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-	ST-Z#P						
TITLE	STD	DELETE	3.1 TATLE		i		لــا	Change	Addition	
NAME	AVALONE, ANITA		3.2 NAME							
STREET ADDRESS	4712 BARRETT ST.	•	3.3 STREET ADDRESS		l					
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP							
TITLE	D	☐ DELETE	4.1 TITLE					Change	Addition	
NAME	PARSONS, WILLIAM	10 (10 m) 10 m (10 m)	4. 2 NAME		ł					
STREET ADDRESS	1303 NE 2ND AVE.		4.3 STREET	T ADDRESS	ļ					
CITY-ST-ZIP	DELRAY BEACH FL		4 4 CITY - ST - ZIP							
TITLE	SD	☐ DELETE	5.1 TITLE					Change	Addition Addition	
NAME	FILOCCO, HELEN		5.2 NAME	ļ						
STREET ADDRESS	4712 BARRETT ST.		5.3 STREET	T ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY - 5							
TITLE	D	DELETE	6.1 TITLE		<u> </u>			Change	☐ Addition	
NAME	THORNBURG, LARRYJ		6.2 NAME					•		

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.