FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709955 (9)

1. Corporation Name
FLORIDA'S CROSS AND SWORD, INC.

Principal Place of Business	Mailing Address
HIGHWAY A1A SOUTH P. O. BOX 68 ST AUGUSTINE FL 32085	HIGHWAY A1A SOUTH P. O. BOX 68 ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1965
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-6138616 ☐ 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 ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALHOUN,EDWARD N
100 ARRICOLA AVE.
ST AUGUSTINE FL 32084

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WELCH, BEN	1.2 NAME		
STREET ADDRESS	5724 CROSSWINDS CR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000 FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BROCK, JAMES E.	2.2 NAME	Len Tucker	
STREET ADDRESS	WATER STREET	2.3 STREET ADDRESS	P.O. Box 1928 NA	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	2.4 CITY-ST-ZIP	St. Augustine, FL 32085	
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ELLIS, CHARLES	3.2 NAME		
STREET ADDRESS	28 CRAZY HORSE TRAIL	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	BECK, ARTHUR B	4.2 NAME	Helen Hirschman	
STREET ADDRESS	338 MARSHSIDE DR N	4.3 STREET ADDRESS	Route 4, Box 500	
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	Palatka, FL 32177	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CRAIG, A H	5.2 NAME		
STREET ADDRESS	7460 A1A S	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	CALHOUN, EDWARD N	6.2 NAME		
STREET ADDRESS	8 MARILYN AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	6.4 CITY-ST-ZIP		

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: Edward N Calhoun 4-6-95 904 824-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDWARD N CALHOUN

0003731