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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 8:55

DOCUMENT # **754017** **(2)**

1. Corporation Name
THE WOODLAND OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 2492 P. O. BOX 2492 FORT PIERCE FL 34954	P O BOX 2492 P. O. BOX 2492 FORT PIERCE FL 34954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1980**
3a. Date of Last Report: **07/20/1994**
4. FEI Number: **59-2067635** ☐ 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

KITZMILLER, CHARLES C.
2516 SOUTH 19TH STREET #108
FORT PIERCE FL 34982

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 [signature] 6/2/95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☒ Change ☐ Addition PD
NAME	OSTEEN, RANDALL	12 NAME	KELLY, JEANNE
STREET ADDRESS	2513 SOUTH 17TH, APARTMENT 104	13 STREET ADDRESS	2513 S 17TH Street #206
CITY-ST-ZIP	FORT PIERCE FL	14 CITY-ST-ZIP	Ft Pierce, FL 34982
TITLE	PD	21 TITLE	☒ Change ☐ Addition SD
NAME	KITZMILLER, CHARLES C.	22 NAME	ZARLIN, ROBERT S.
STREET ADDRESS	2516 S. 17TH ST APT #108	23 STREET ADDRESS	2516 South 19TH Street #102
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	TD	31 TITLE	☐ Change ☐ Addition TD
NAME	KELLY, JEANNE	32 NAME	Kitzmiller, Charles C.
STREET ADDRESS	2513 S 17TH ST #206	33 STREET ADDRESS	2516 South 19TH Street #108
CITY-ST ZIP	FT PIERCE FL	34 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: [signature] 6/2/95 (407) 462 4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 754432 (3)

1. Corporation Name

MERCURY TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
740 ALTON RD. MIAMI BCH. FL 33139 US	740 ALTON ROAD MIAMI BCH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1980
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2060906 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

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

9. Name and Address of Current Registered Agent

BREJT, DAVID
740 ALTON RD
MIAMI BCH, FL
MIAMI FL 33139

10. Name and Address of New Registered Agent

81 Name: ANDREW ROTH
82 Street Address (P.O. Box Number is Not Acceptable): 740 Alton Road
83:
84 City: Miami Beach **FL** 85 Zip Code: 33139

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: Andrew Roth — ANDREW ROTH — 5-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	BREJT, DAVID	12 NAME	ANDREW ROTH	
STREET ADDRESS	740 ALTON ROAD	13 STREET ADDRESS	740 Alton Road	
CITY ST ZIP	MIAMI BEACH, FL 00000	14 CITY ST ZIP	Miami Beach, Florida 33139	
TITLE	VD	21 TITLE	V	☒ Change ☐ Addition
NAME	BEKER, YAKOV	22 NAME	EDDIE KHATMOR	
STREET ADDRESS	740 ALTON ROAD	23 STREET ADDRESS	740 Alton Road	
CITY ST ZIP	MIAMI BEACH, FL 00000	24 CITY ST ZIP	Miami Beach, Florida 33139	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	CASTRATARO, CHRISTOPHER	32 NAME		
STREET ADDRESS	740 ALTON ROAD	33 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	SHVARTSMAN, BORIS	42 NAME	LEON DUBLINSKI	
STREET ADDRESS	740 ALTON ROAD	43 STREET ADDRESS	740 Alton Road	
CITY ST ZIP	MIAMI BEACH FL	44 CITY ST ZIP	Miami Beach, Florida 33139	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	KHATMOR, EDDIE	52 NAME	HARVEY ROSENBLATT	
STREET ADDRESS	740 ALTON ROAD	53 STREET ADDRESS	740 Alton Road	
CITY ST ZIP	MIAMI BEACH FL	54 CITY ST ZIP	Miami Beach, Florida 33139	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PAPISMEDOV, ALEX	62 NAME		
STREET ADDRESS	740 ALTON ROAD	63 STREET ADDRESS		
CITY ST ZIP	MIAMI BEACH FL	64 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)(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: Andrew Roth PRESIDENT 5-25-95 534-0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANDREW ROTH

0041972

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CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **755438** **(9)**

1. Corporation Name

THE CITIZENS' IMPROVEMENT LEAGUE OF WIMAUMA, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 215 WIMAUMA FL 33598	POST OFFICE BOX 215 WIMAUMA FL 33598

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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

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 / Country 24 / 25	Zip / Country 29 / 30

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

9. Name and Address of Current Registered Agent

BERRIEN, JAMES
5903 VEL STREET
P.O. BOX 215
WIMAUMA FL 33598-7215

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, Type or (print) 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	THARPE, ZENO C JR.	12 NAME		
STREET ADDRESS	504 10TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	JUNINGER, JOHN	22 NAME		
STREET ADDRESS	409 10 ST	23 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	CARRIE, HELEN	32 NAME		
STREET ADDRESS	115 RAILROAD ST	33 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	JACKSON, HAZEL	42 NAME		
STREET ADDRESS	5917 ALLY ST	43 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	BERRIEN, JAMES	52 NAME		
STREET ADDRESS	5903 VEL ST.	53 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	YOUNG, GLORIA	62 NAME		
STREET ADDRESS	5913 BASSA ST	63 STREET ADDRESS		
CITY-ST-ZIP	WIMAUMA FL	64 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: Arden Carr's 5-25-95 633-3399
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0083913

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 756430 (5)

1. Corporation Name

KIWANIS CLUB OF THE AZALEA CITY, PALATKA, FLORID A, INC.

Principal Place of Business	Mailing Address
201 N. FIRST ST. P.O. BOX 508 PALATKA FL 32178-7508	201 N. FIRST ST. P.O. BOX 508 PALATKA FL 32178-7508

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1981
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-6136754 ☐ 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

EDWARDS, THOMAS
105 OAK GROVE DR.
PALATKA FL 32077

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 607.1509, 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: Thomas Edwards
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	VP	☒ Change ☒ Addition
NAME	OVERTURF, STEVE	12 NAME	SPALDING, MARC	
STREET ADDRESS	601 MOSLEY AVE	13 STREET ADDRESS	1900 MOSELEY AVE	
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	FOX, ROBERT	22 NAME		
STREET ADDRESS	1301 HARGROVE ST	23 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D.	☒ Change ☒ Addition
NAME	JACKSON, MICHAEL	32 NAME	SAUNDERS, ROBERT	
STREET ADDRESS	RT. 5, BOX 1731	33 STREET ADDRESS	1905 WESTOVER DR	
CITY-ST-ZIP	PALATKA FL	34 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	PD	41 TITLE	P	☒ Change ☒ Addition
NAME	FUTCH, WILLIAM C	42 NAME	HUNTSBERGER, ED	
STREET ADDRESS	402 BELMONT DR	43 STREET ADDRESS	2127 PIANA DR	
CITY-ST-ZIP	PALATKA FL	44 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	SD	51 TITLE	S	☐ Change ☒ Addition
NAME	MAHAFFEY, KENNETH	52 NAME	GELONECK, TERICIA	
STREET ADDRESS	P.O. BOX 185 N/A	53 STREET ADDRESS	RT 5, BOX 6468	
CITY-ST-ZIP	HOLLISTER FL	54 CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, THOMAS	62 NAME		
STREET ADDRESS	105 OAK GROVE DR.	63 STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 00000	64 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: Thomas J Edwards — May 30, 1995 — 904-329-0279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

084A00

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **757536** **(8)**

1. Corporation Name
COLLIER GOLF AUTHORITY, INC.

Principal Place of Business	Mailing Address
9471 SUMMER PLACE NAPLES FL 33942	9471 SUMMER PLACE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/13/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2102127** ☐ 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**

GLASS, ARNOLD L
9471 SUMMER PLACE
NAPLES FL 33942

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	11 TITLE		☐ Change ☐ Addition
NAME	BREEDEN, JACK C.	12 NAME		
STREET ADDRESS	512 10TH AVENUE SOUTH	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE	D/S/T	☐ Change ☒ Addition
NAME	GLASS, SANDRA L.	22 NAME		
STREET ADDRESS	9471 SUMMER PL	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	CUNNINGHAM, LARRY	32 NAME	DELETE PERSON	
STREET ADDRESS	665 WESDE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP		
TITLE	MC	41 TITLE		☐ Change ☐ Addition
NAME	GLASS, ARNOLD LEE	42 NAME		
STREET ADDRESS	9471 SUMMER PL	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, WES	52 NAME		
STREET ADDRESS	2673 COACH HOUSE LN	53 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, J. BLAN	62 NAME		
STREET ADDRESS	3174 EAST TAMIAMI TRAIL	63 STREET ADDRESS		
CITY ST ZIP	NAPLES FL	64 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)(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: Sandra L. Glass SANDRA L. GLASS 4-24-95 813-566-8414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C080000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **758361** **(0)**

1. Corporation Name

LIGHTHOUSE BAPTIST CHURCH OF BREVARD, INC.

Principal Place of Business	Mailing Address
C/O JAMES E CORE 1013 ROCKLEDGE DR ROCKLEDGE FL 32955	C/O JAMES E CORE 1013 ROCKLEDGE DR ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1981**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-3009239** ☐ 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

CORE, JAMES E
820 JASMINE ST
ROCKLEDGE FL 32955

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TS	11 TITLE		☐ Change ☐ Addition
NAME	CORE, RICKIE	12 NAME		
STREET ADDRESS	820 JASMINE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	CORE, JAMES E	22 NAME		
STREET ADDRESS	820 JASMINE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	TOMLINSON, H A	32 NAME		
STREET ADDRESS	1076 CORONADO DR	33 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	ASST. TREASURER	☒ Change ☐ Addition
NAME	SALMONS, TED	42 NAME	VERONICA SALMONS	
STREET ADDRESS	1900 HARLOCK RD	43 STREET ADDRESS	1900 Harlock Rd.	
CITY-ST-ZIP	MELBOURNE FL	44 CITY-ST-ZIP	MELBOURNE, FL. 32934	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Rickie Core Rickie Core 5/30/95 (407)267-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004830

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

DOCUMENT # 758668 **(8)**

1. Corporation Name

BETHEL CREEK TOWNHOUSES, PHASE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4904 BETHEL CREEK DR. APT. 3 VERO BCH. FL 32963 US	4904 BETHEL CREEK DR APT. 3 VERO BCH. FL 32963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1981
3a. Date of Last Report: 06/12/1994
4. FEI Number: 65-0378759 ☐ 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 4904 BETHEL CREEK DR	26 SAME
Suite, Apt. #, etc. 22 3	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH FL	City & State 28
Zip 24 32963 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LANAHAN, SANDRA W
4904 BETHEL CREEK DR.
#3
VERO BCH. FL 32963

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: SANDRA W LANAHAN - SEC-TREASURER — Sandra W Lanahan — 5/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BUCKINGHAM, LINDSEY	12 NAME	
STREET ADDRESS	4904 BETHEL CREEK, DR., #3	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LANAHAN, SANDRA	22 NAME	
STREET ADDRESS	4904 BETHEL CREEK DR., #3	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LANAHAN, SANDRA	32 NAME	
STREET ADDRESS	4904 BETHEL CREEK DR. #3	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32963	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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(NOT)

SIGNATURE: SANDRA W LANAHAN, SEC-TREASURER — Sandra W Lanahan — 5/31/95 — 562-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #