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 11:50

DOCUMENT # **N10399** **(6)**

1. Corporation Name

COMPREHENSIVE AIDS PROGRAM OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
2580 METROCENTRE BLVD. SUITE 2 WEST PALM BEACH FL 33407 US	P. O. BOX 18887 WEST PALM BEACH FL 33416-8887 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1985
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2582229 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURRAY, MARY KAY 2580 METROCENTRE BLVD. SUITE 2 WEST PALM BEACH FL 33407	81 Name: Lydia Crozier 82 Street Address (P.O. Box Number is Not Acceptable): 256 List Road 83 84 City: Palm Beach FL 85 Zip Code: 33480

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] LYDIA CROZIER, SECRETARY 5/25/95
Signature, and typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BERTISCH, ROBERT A.	12 NAME		
STREET ADDRESS	4149 LAKESPUR CIRCLE N.	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SCHEIMAN, FRED	22 NAME		
STREET ADDRESS	3390 S. OCEAN BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	MURRAY, MARY KAY	32 NAME	Lydia Crozier	
STREET ADDRESS	1707 LAKESIDE DRIVE	33 STREET ADDRESS	256 List Road	
CITY-ST-ZIP	LAKE WORTH FL 33460	34 CITY-ST-ZIP	Palm Beach, FL. 33480	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	KEIR, SUSAN	42 NAME		
STREET ADDRESS	1601 ARLINGTON DR.	43 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL	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] Lydia Crozier, Sect. 5/25/95 687-3400
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Daytime Phone #

COMP717

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CORPORATION ANNUAL REPORT

1995

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

7077

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N10479 (6)

1. Corporation Name

THE SOUTHWEST FLORIDA AUTISTIC SOCIETY, INC.

Principal Place of Business	Mailing Address
% ERIC VARTDAL 15439 YALE DR FORT MYERS FL 33908 US	% ERIC VARTDAL 15439 YALE DR FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2681435 ☐ 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

VARTDAL, ERIC
15439 YALE DR
FORT MYERS FL 33908

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	P	☒ Change ☐ Addition
NAME	VARTDAL, ERIC	12 NAME	VARTDAL,ERIC	
STREET ADDRESS	15439 YALE DR	13 STREET ADDRESS	15439 YALE DR	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT MYERS FL	
TITLE	V	21 TITLE	V/D	☒ Change ☐ Addition
NAME	CULLEN, KATIE	22 NAME	CULLEN,KATIE	
STREET ADDRESS	1354 SIROCCO ST	23 STREET ADDRESS	1354 SIROCCO ST	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	FT MYERS, FL	
TITLE	T	31 TITLE	T/D	☒ Change ☐ Addition
NAME	SPRATT, DELORES	32 NAME	SPRATT,DELORES	
STREET ADDRESS	2189 CORONET ST	33 STREET ADDRESS	2189 CORONET ST	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FT. MYERS, FL.	
TITLE	S	41 TITLE	S/D	☒ Change ☐ Addition
NAME	SELLERS, MAVIS	42 NAME	BASHAW,MAUREEN	
STREET ADDRESS	18249 HEPATICA RD SE	43 STREET ADDRESS	1456 LYNWOOD AVE	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	FT MYERS FL	
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: DELORES SPRATT, TREASURER, Delores Spratt 4/24/95 813-936-0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000948

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N13114** (6)

1. Corporation Name

GULLHOUSE #1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6355 HIGHWAY A-1-A MELBOURNE BEACH FL 32951-0372	P.O. BOX 510372 MELBOURNE BEACH FL 32951-0372

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1986
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0211518 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (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

MIANO, JOHN LAWRENCE
110 TOWER - SUITE 1630
110 S.E. 6TH ST.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: A. VAN CATTERTON JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1990 WEST NEW HAVEN AVE.
83: SUITE 104
84 City: MELBOURNE FL 85 Zip Code: 32904

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: A. Van Catterton, Jr. (A. VAN CATTERTON, JR.) 5/30/95
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	PD	11 TITLE	P.D ☒ Change ☐ Addition
NAME	CORDOVI, MARGARITA	12 NAME	ANTONIO J. PINEIRO JR
STREET ADDRESS	1330 SAN REMO AVENUE	13 STREET ADDRESS	10150 S.W. 95 AVE
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	MIAMI FLA 33176
TITLE	D	21 TITLE	S-D ☒ Change ☐ Addition
NAME	DUNNING, JOHN	22 NAME	JULIA VALLE
STREET ADDRESS	6355 S. HWY. A1A, #6	23 STREET ADDRESS	8011 LOS PINOS CIRCLE
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP	CORAL GABLES FLA 33143
TITLE	TD	31 TITLE	T-D ☒ Change ☐ Addition
NAME	BOLANOS, ANDRES	32 NAME	ANDRES BOLANOS
STREET ADDRESS	7001 S.W. 112TH ST.	33 STREET ADDRESS	75 VALENCIA AVE SUITE 705
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	SD	41 TITLE	S-D ☒ Change ☐ Addition
NAME	CASTELLANOS, REBECA	42 NAME	JORGE CASTELLANOS
STREET ADDRESS	6800 S.W. 133 TERRACE	43 STREET ADDRESS	6800 SW 133 TERRACE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI FLA 33156
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	PINEIRO, CAROLINA M.	52 NAME	MARGARITA CORDOVI
STREET ADDRESS	10150 S.W. 95 AVENUE	53 STREET ADDRESS	1330 SAN REMO AVE.
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	CORAL GABLES FLA 33146
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] - ANTONIO J. PINEIRO JR. P.D 5-25-95 (305) 854-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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
STATE

DOCUMENT # N14276 **(2)**

1. Corporation Name

RIVERCHASE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1905 ATLANTIC BLVD P.O. BOX 24501 JACKSONVILLE FL 32241	1905 ATLANTIC BLVD P.O. BOX 24501 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/09/1986**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) 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	10. Name and Address of New Registered Agent
RAWLINS, STEVEN D. 1905 ATLANTIC BLVD JACKSONVILLE FL 32207	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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	RAWLINS, STEVEN	12 NAME	
STREET ADDRESS	1903 SIDEWHEEL WAY	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MICKLER, PATRICK	22 NAME	
STREET ADDRESS	1900 BELLE ANGELINE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CRANE, DAVID	32 NAME	
STREET ADDRESS	1781 STERNWHEEL DR	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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	

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: Steven D Rawlins 5-24-95 (904) 396-2202
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven D. Rawlins

COMM

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CORPORATION
ANNUAL REPORT
1995

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

FILED

DOCUMENT # **N15031** **(0)**

1. Corporation Name

THE UNIVERSITY CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business	Mailing Address
2122 POPPY ST. TALLAHASSEE FL 32310 US	3124 SHANNON LAKE NORTH TALLAHASSEE FL 32308-2334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1986
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2697159 ☐ 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

BROWN, JOSEPH LEE
3124 SHANNON LAKE NORTH
TALLAHASSEE FL 32308

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	P	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOSEPH L.	12 NAME	
STREET ADDRESS	3124 SHANNON LAKE N.	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, MICHAEL R.	22 NAME	
STREET ADDRESS	2901 TYRON CIR.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JONES, DAVID R	32 NAME	
STREET ADDRESS	321 ANTON DR.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCELRATH, RONALD M	42 NAME	
STREET ADDRESS	2901 SETTING SUN TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, PATSY	52 NAME	
STREET ADDRESS	1408 CALIFORNIA	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	JONES, SONYA	62 NAME	
STREET ADDRESS	110 PALMETTO ##	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE 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: Joseph L. Brown 6-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph L. Brown

0097440

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N16386 (7)

1. Corporation Name

COLLIER CITY COWBOYS BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 972 POMPANO BEACH FL 33061-0972	P.O. BOX 972 POMPANO BEACH FL 33061-0972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1986
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0249594 ☐ 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

HOWELL, MELVIN
1820 NW 3 AVENUE
POMPANO BEACH FL 33069

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	HOWELL, MELVIN	12 NAME	
STREET ADDRESS	1820 NW 3 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☑ Change ☐ Addition
NAME	LORAY, FAY	22 NAME	Singletary, Carolyn
STREET ADDRESS	2840 NW 3RD ST	23 STREET ADDRESS	2761 NW 9 Street
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	Pompano Beach, Fla 33060
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HOWELL, NADINE	32 NAME	
STREET ADDRESS	1820 NW 3RD AVE	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PAGE, TEQUESTA	42 NAME	
STREET ADDRESS	3041 NW 3RD STREET	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	JAMES, WILLIE	52 NAME	
STREET ADDRESS	2720 NW 9TH COURT	53 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	T ☑ Change ☐ Addition
NAME	CARTER, MICHAEL	62 NAME	James, Willie
STREET ADDRESS	212 NW 10TH AVENUE	63 STREET ADDRESS	2720 NW 9 Court
CITY-ST-ZIP	POMPANO BEACH FL	64 CITY-ST-ZIP	Pompano Beach, Florida 33060

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: Nadine Howell Nadine Howell (305) 786-6754
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

000718

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 # **N16582** **(1)**

1. Corporation Name

CEDAR CREEK VILLAGE V HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
6170 BONAVENTURE CT SARASOTA FL 34243 US	6170 BONAVENTURE CT SARASOTA FL 34243 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1986**
3a. Date of Last Report: **04/20/1994**
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
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 3775 BONVENTURE LN	26 3775 BONAVENTURE LN
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34243 25 Country: USA	29 Zip: 34243 30 Country: USA

9. Name and Address of Current Registered Agent

MCILWAINE, BRUCE
6170 BONAVENTURE CT
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: DEANE B. RANNEY
82 Street Address (P.O. Box Number is Not Acceptable): 3775 BONAVENTURE LN
83
84 City: SARASOTA FL 85 Zip Code: 34243

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: Deane B Ranney DEANE B RANNEY 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	KELLER, EDWARD	12 NAME	PD
STREET ADDRESS	6133 BONAVENTURE CT	13 STREET ADDRESS	KOJIC IVANKA
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	6202 BONAVENTURE CT. SARASOTA FL.
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GUNTHER, DIANE	22 NAME	SD
STREET ADDRESS	6242 BONAVENTURE CT	23 STREET ADDRESS	PEREZ JUDY
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	6193 BONAVENTURE CT. SARASOTA FL..
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MCILWAINE, BRUCE-	32 NAME	TD RANNEY B. DEANE
STREET ADDRESS	6170 BONAVENTURE CT	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	3775 BONAVENTURE LN. SARASOTA FL.
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: DEANE B RANNEY 5-31-95 (941) 355-3782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Deane B Ranney

0010010

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

DOCUMENT # N16651 (4)

1. Corporation Name

FACTS USER ADVISORY GROUP, INC.

Principal Place of Business	Mailing Address
6751 WEST BROWARD BLVD. (% C T CORPORATION) PLANTATION FL 33324	6751 WEST BROWARD BLVD. (% C T CORPORATION) PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1986
3a. Date of Last Report: 03/01/1994
4. FEI Number: 23-2540824 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	MOSIMAN, MARC C	12 NAME	
STREET ADDRESS	13100 WAYZATA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RAUP, RICK	22 NAME	
STREET ADDRESS	2020 BRICE RD, STE 204	23 STREET ADDRESS	
CITY-ST-ZIP	REYNOLDSBURG OH	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HARRY H.	32 NAME	
STREET ADDRESS	604 E. BALTIMORE PIKE	33 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	STOWE, HARVEY L	42 NAME	
STREET ADDRESS	3084 MERCER UNIV. DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	ENGLEHART, WILLIAM J	52 NAME	
STREET ADDRESS	1900 CORPORATE BLVD. NW	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HARVEY, KENNETH	62 NAME	
STREET ADDRESS	1393 TRYON ST	63 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	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: _____ Sec. 5/14/95 610 565 3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0047086

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 # **N16748** **(8)**

1. Corporation Name
EXOTIC BIRD CLUB OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1863 PLANTATION CIRCLE, S.E. PALM BAY FL 32909	1863 PLANTATION CIRCLE, S.E. PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1986
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2873753 ☐ 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 tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 850 CHELSEA AVE N.E.,	26 850 CHELSEA AVE N.E.,
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM BAY FL	City & State 28 PALM BAY FL
Zip 24 32905 Country 25 U.S.	Zip 29 32905 Country 30

9. Name and Address of Current Registered Agent

MCNAMARA, JAMES L.
1863 PLANTATION CIRCLE S.E.
PALM BAY FL 32909

10. Name and Address of New Registered Agent

81 Name: COX, MAUREEN
82 Street Address (P.O. Box Number is Not Acceptable): 850 CHELSEA AVE N.E.,
83
84 City: PALM BAY FL 85 Zip Code: 32905

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: MAUREEN COX Maureen Cox 5/29/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WEIR, YVONNE	12 NAME	MCNAMARA, JAMES L.	
STREET ADDRESS	570 E. MERRIMAC DRIVE	13 STREET ADDRESS	1863 PLANTATION CIRCLE S.E.	
CITY-ST-ZIP	MERRIT ISLAND FL	14 CITY-ST-ZIP	PALM BAY FL 32904	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	PETTY, MARV	22 NAME	MCCORMICK, JUANITA	
STREET ADDRESS	317 SUNDIAL CT	23 STREET ADDRESS	2785 TURTLEMOUND ROAD	
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	STANTON, DIANE	32 NAME		
STREET ADDRESS	778 SCHRODER AVE, S.W.	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	MCNAMARA, JAMES L.	42 NAME	COX, MAUREEN	
STREET ADDRESS	1863 PLANTATION CIR. S.E	43 STREET ADDRESS	850 CHELSEA AVE N.E.	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	INGRAM, CHRIS	52 NAME		
STREET ADDRESS	854 TYROL AVE NW	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	STERNER, JACK	62 NAME	JONAS, JON	
STREET ADDRESS	328 THOMAS BARBOUR DRIVE	63 STREET ADDRESS	474 S. SHANNON AVE	
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	INDIALANTIC FL	

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: MAUREEN COX Maureen Cox 5/29/95 727-0823 Ext 279
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0031931

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
TALLAHASSEE, FLORIDA

DOCUMENT # N18104 (2)

1. Corporation Name

SAINT MATTHEWS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
3724 MAIN ST P O BOX 1013 SANFORD FL 32771	POST OFFICE BOX 1013 3724 MAIN ST SANFORD FL 32771-7012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1986
3a. Date of Last Report: 04/26/1994
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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

CHISOLM, BENJAMIN
2550 BYRD AVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: MARTIN, SAMUEL
82 Street Address (P.O. Box Number is Not Acceptable): 101 ACADEMY AVE.
83
84 City: SANFORD FL 85 Zip Code: 32771

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: S. Samuel M. Martin TITLE: FIRST TRUSTEE DATE: MAY 30, 1995
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	PT	11 TITLE	PRESIDENT OF CORPORATION	☒ Change ☐ Addition
NAME	DAVIS, THEODORE	12 NAME	FIELDS, JAMES A.	
STREET ADDRESS	1402 CARDINAL ST	13 STREET ADDRESS	3018 DIXON AVE.	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	SANFORD, FLA. 32771	
TITLE	VD	21 TITLE	VICE PRESIDENT OF CORPORATION	☒ Change ☐ Addition
NAME	RUFUS, MARTIN	22 NAME	MARTIN, SAMUEL	
STREET ADDRESS	2051 SIPES AVE	23 STREET ADDRESS	101 ACADEMY AVE	
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	SANFORD, FLA. 32771	
TITLE	SD	31 TITLE	SECRETARY OF CORPORATION	☒ Change ☐ Addition
NAME	CHISOLM, BENJAMIN	32 NAME	DAVIS, THEODORE	
STREET ADDRESS	2550 BYRD AVE	33 STREET ADDRESS	1402 CARDINAL ST	
CITY-ST-ZIP	SANFORD FL	34 CITY-ST-ZIP	LONGWOOD, FLA.	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KENDRICK, JESSIE	42 NAME		
STREET ADDRESS	2350 SIPES AVE	43 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BELLAMY, R.M.	52 NAME	MARTIN, RUFUS	
STREET ADDRESS	2300 JITWAY AVE	53 STREET ADDRESS	2051 SIPES AVE	
CITY-ST-ZIP	SANFORD FL	54 CITY-ST-ZIP	SANFORD, FLA. 32771	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, IRENE	62 NAME		
STREET ADDRESS	1428 HARDING AVE	63 STREET ADDRESS		
CITY-ST-ZIP	SANFORD 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: J. A. Fields J. A. FIELDS — May 30, 1995 — 407-322-6437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000196

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

DOCUMENT # **N19407** **(8)**

1. Corporation Name

WEST TAMPA VETERANS CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
2105 JAMAICA STREET PO BOX 4235 TAMPA FL 33677-3293	2105 JAMAICA STREET PO BOX 4235 TAMPA FL 33677-3293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/24/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2870962** ☐ 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

NALES, JOHN
3217 W. GROVE
TAMPA FL 33614

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	D	11 TITLE	☐ Change ☐ Addition
NAME	ESTEVEZ, BENNY	12 NAME	
STREET ADDRESS	2710 KATHLEEN ST.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GUINCHO, RALPH	22 NAME	
STREET ADDRESS	1208 N ARMENIA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VALLES, FRANK	32 NAME	
STREET ADDRESS	3227 WEST CLIFTON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NALES, JOHN	42 NAME	
STREET ADDRESS	3217 W. GROVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ALFONSO, FLORENCIO	52 NAME	
STREET ADDRESS	2819 W. OHIO STREET	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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: Benny Estevez 5-26-95 (813) 876-3697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000N19407