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 MAY 19 AM 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N20870** **(4)**

1. Corporation Name

CLOUD OF GLORY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
7002 E. MARTIN LUTHER KING BLVD. TAMPA FL 33619 US	7002 E. MARTIN LUTHER KING BLVD. TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1987
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-2815714 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 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
TAYLOR, NATHAN J. 1612 DUSTY ROSE LN BRANDON FL 33510	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 Rev. Nathan J. Taylor

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	1.1 TITLE ☐ Change ☐ Addition
NAME	TAYLOR, NATHAN J.	1.2 NAME
STREET ADDRESS	1612 DUSTRY ROSE LANE	1.3 STREET ADDRESS
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP
TITLE	SD	2.1 TITLE ☐ Change ☐ Addition
NAME	TAYLOR, BONNYE L.	2.2 NAME
STREET ADDRESS	1612 DUSTY ROSE LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP
TITLE	TB	3.1 TITLE ☐ Change ☐ Addition
NAME	BARTON, ALLENE	3.2 NAME
STREET ADDRESS	4306 LASALLE ST	3.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP
TITLE	SD	4.1 TITLE ☐ Change ☐ Addition
NAME	DAVIS, VICTORIA	4.2 NAME
STREET ADDRESS	6107 N 23RD ST	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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: Rev. Nathan J. Taylor Rev Nathan Taylor 5-16-95 813 620-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054600

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DIVISION OF CORPORATIONS

DOCUMENT # N21079 (1)

1. Corporation Name

SILVER GLYN BAPTIST CHURCH, INC.

Principal Place of Business: 115 ARLINGTON ROAD NORTH, JACKSONVILLE FL 32211

Mailing Address: 115 ARLINGTON ROAD NORTH, JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1091468 — Applied For / Not Applicable

2. Principal Place of Business: SAME
2a. Mailing Address: SAME

21 / 26 Suite, Apt # etc
22 / 27 City & State
23 / 28 Zip, Country
24 25 29 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

MAHON, HARRY B.
350 EAST ADAMS STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: SAME
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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	SAME ☐ Change ☐ Addition
NAME	FLOYD, CECIL	12 NAME	
STREET ADDRESS	316 TIDEWATER CIR E	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	~~FRIFFIE, HARGUS~~	22 NAME	GRAHAM, EARL
STREET ADDRESS	~~5845 WILTSHIRE ST~~	23 STREET ADDRESS	8307 EATON AVE.
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	TD	31 TITLE	TD ☐ Change ☐ Addition
NAME	~~ROAN, JUANITA I.~~	32 NAME	PERKINS, JAMES A.
STREET ADDRESS	~~6742 EATON AVE~~	33 STREET ADDRESS	6457 HEIDI ROAD
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	SD	41 TITLE	SAME ☐ Change ☐ Addition
NAME	BECKLEY, WARREN	42 NAME	
STREET ADDRESS	1251 E. LAMANTO AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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: Warren Beckley — 4-19-95 — (904) 358-5228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Warren Beckley, Clerk — April 19, 1995

0028531

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

DOCUMENT # **N22613** **(6)**

1. Corporation Name
KEOLUU, INC.

Principal Place of Business	Mailing Address
P O BOX 13883 P.O. BOX 13883 ST PETERSBURG FL 33733	P O BOX 13883 P.O. BOX 13883 ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2853803	☐ 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

PHILLIPS, EVELYN
1827 41ST STREET SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name: Thomas O. Alexander
82 Street Address (P.O. Box Number is Not Acceptable): 725 - 13th Avenue South
83
84 City: St. Petersburg FL 85 Zip Code: 33701-5309

11. Pursuant to the provisions of Section 607.1007 and 607.1908 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 O. Alexander May 15, 1995
(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	MCCORD, KERRY M.	NAME	
STREET ADDRESS	6600 SUNSET WAY #521B	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	
TITLE	VCD	TITLE	☐ Change ☐ Addition
NAME	MCRAE, DONNA	NAME	
STREET ADDRESS	1320 CORAL WAY SOUTH	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	ATKINSON, STEPHANIE	NAME	
STREET ADDRESS	5848 7TH AVENUE SOUTH	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, THOMAS	NAME	
STREET ADDRESS	725 13TH AVENUE SOUTH	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CAROL	NAME	
STREET ADDRESS	3783-D POMPANO DR. S.E.	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	LAMONS, JAYE	NAME	
STREET ADDRESS	4520 13TH AVENUE SOUTH	STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	CITY ST ZIP	

14. I hereby certify that the information supplied with this filing, including any required alphabetical listing, is true and accurate. For profit corporations only: I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added on an attachment with an address.

SIGNATURE: Thomas O. Alexander May 15, 1995 (813) 894-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

0066557

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Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
MAY 15

DOCUMENT # **N22640** **(9)**

1. Corporation Name

COMMUNITY CRUSADE AGAINST DRUGS OF SOUTH FLORIDA , INC.

Principal Place of Business	Mailing Address
11380 NW 27TH AVE #1389 MIAMI FL 33167	11380 NW 27TH AVE #1389 MIAMI FL 33167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1987**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0004103** ☐ 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

BACKERS, TYRONE K.
2220 N.W. 189TH TERR
MIAMI FL 33056

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
(Typed or Printed Name of Registered Agent and Title if Applicable) (If a Corporation is Registered Agent, Typed or Printed Name and Title of Officer) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)			
TITLE	C	11 TITLE	President	☑ Change	☐ Addition
NAME	KELLY, J. TERENCE DR.	12 NAME			
STREET ADDRESS	11380 NW 27TH AVE	13 STREET ADDRESS			
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	33167		
TITLE	D	21 TITLE	Executive Director	☑ Change	☐ Addition
NAME	BACKERS, TYRONE K.	22 NAME			
STREET ADDRESS	2220 N.W. 189TH TERR	23 STREET ADDRESS			
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP			
TITLE	D	31 TITLE	Vice President	☑ Change	☐ Addition
NAME	JACKSON, OTIS	32 NAME	Jimmy K. Burke		
STREET ADDRESS	5975 MIAMI LAKES DR E	33 STREET ADDRESS	1691 N.W. 189 Terrace		
CITY ST ZIP	MIAMI LAKES FL	34 CITY ST ZIP	Miami, FL 33169		
TITLE	D	41 TITLE	Treasurer	☑ Change	☐ Addition
NAME	BARR, ADRIAN E	42 NAME			
STREET ADDRESS	2269 N.W. 199TH ST.,	43 STREET ADDRESS			
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	33056		
TITLE	D	51 TITLE	Secretary	☑ Change	☐ Addition
NAME	THOMAS, GLORIA	52 NAME	Dr. Glenda Wingard		
STREET ADDRESS	16930 SW 119TH AVE	53 STREET ADDRESS	9105 N.W. 25 Street		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	Miami, FL 33172		
TITLE	D	61 TITLE		☐ Change	☑ Addition
NAME	PADREDA, CAMILO	62 NAME			
STREET ADDRESS	1700 SW 57 ST #219	63 STREET ADDRESS	1424 W. Flagler Street		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	33135		

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 13 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: Tyrone K Backers, Sr. Dir. 01/16/95 305-237-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0044043