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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:24

DOCUMENT # N30003 (0)

1. Corporation Name
SEAMEN'S CHURCH INSTITUTE OF FLORIDA INC.

Principal Place of Business
1040 S.E. 24TH ST.
OFFICE A
FORT LAUDERDALE, FL 33316

Mailing Address
P.O. BOX 13034
FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0123576 ☐ 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 1800 S.E. 32ND St.
22 Suite, Apt. #, etc.
23 City & State: Hollywood FL
24 Zip: 33316 25 Country: USA

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

9. Name and Address of Current Registered Agent

MILLEDGE, ALLAN
2100 PONCE DE LEON BLVD.
SUITE 600
MIAMI FL 33134

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLEDGE, ALLAN	1.2 NAME	
STREET ADDRESS	2100 PONCE DE LEON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, WILLARD	2.2 NAME	
STREET ADDRESS	1925 S.E. 25TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CORBISHLEY, FRANK	3.2 NAME	
STREET ADDRESS	14260 OLD CUTLER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	M	4.1 TITLE	☐ Change ☐ Addition
NAME	MESENBRING, DAVID	4.2 NAME	
STREET ADDRESS	1700 N.W. N. RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHOFIELD, CALVIN O.	5.2 NAME	
STREET ADDRESS	525 N.E. 15TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	☐ Change ☐ Addition
NAME	YAGER, JAMES D	6.2 NAME	
STREET ADDRESS	3100 NE 48TH ST, #913	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	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: [signature] David Mesenbring 2/4/95 (305)467-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046517