# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **N30003** **(0)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1800 SE 32ND ST<br>~~OFFICE A~~<br>HOLLYWOOD FL 33316<br>US | P.O. BOX 13034<br>FORT LAUDERDALE, FL 33316 |

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 02/15/1995
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
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**

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 617.0502 and 617.1508, 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 617.0503, 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | ☐ DELETE | 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 | | |

CR2E037 (12/95)

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:** David Mesenbring 2/12/96 954/467-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #