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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 HOLLYWOOD FL 33316 US	P.O. BOX 13034 FORT LAUDERDALE, FL 33316

3. Date Incorporated or Qualified: 12/30/1988

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	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 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	VD	☒ Change ☐ Addition
NAME	WILSON, WILLARD		2.2 NAME	NOVACEK, ARTHUR	
STREET ADDRESS	1925 S.E. 25TH AVE.		2.3 STREET ADDRESS	701 SE 24 St	
CITY-ST-ZIP	FT. LAUDERDALE, FL		2.4 CITY-ST-ZIP	Ft Laud FL 33316	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CORBISHLEY, FRANK		3.2 NAME	SASSO, A. P.	
STREET ADDRESS	14260 OLD CUTLER RD.		3.3 STREET ADDRESS	20423 St Rd 7, #360	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	BOCA RATON FL 33498	
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 (10/97)

14. I hereby certify that the information supplied with this filing 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] 2/2/98 954/467-7330