

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 1 11:52

DOCUMENT # **N30382** (8)

1. Corporation Name

PONTE VEDRA PRESBYTERIAN CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1734
PONTE VEDRA BEACH FL 32004-1734

P.O. BOX 1734
PONTE VEDRA BEACH FL 32004-1734

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2926349** 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 **4510 Palm Valley Rd.**

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 **Ponte Vedra Beach Fl**

27 City & State
28

24 Zip
32082

25 Country
St. Johns

29 Zip
32004

30 Country
St. Johns

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCOTT, ALAN B.
224 CHANTAL COURT
PONTE VEDRA BEACH FL 32082**

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

Alan B. Scott

Signature, typed or printed name of registered agent or director (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **SCOTT, ALAN B.** (D)
STREET ADDRESS **224 CHANTAL COURT**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME **FIDLER, WILLIAM**
STREET ADDRESS **751 BRIFTWOOD CIRCL**
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

21 TITLE
22 NAME **Elder - Secretary** (D)
23 STREET ADDRESS **Doug Carroll**
24 CITY-ST-ZIP **106 N. W. Coast**
Ponte Vedra Beach Fl 32082

TITLE
NAME **MORSDOCK, WILLIAM**
STREET ADDRESS **1404 AQUA VISTA RD., N.**
CITY-ST-ZIP **JACKSONVILLE FL**

31 TITLE
32 NAME **Deacon - Treasurer** (D)
33 STREET ADDRESS **Jeff Hordley**
34 CITY-ST-ZIP **2403 The Woods Drive East**
Jacksonville Fl 32246

TITLE
NAME **TERRY, RICHARD**
STREET ADDRESS **800 NEPTUNE LANE**
CITY-ST-ZIP **NEPTUNE BEACH FL**

41 TITLE
42 NAME **Elder (D)**
43 STREET ADDRESS **Al Hammack**
44 CITY-ST-ZIP **422 Osprey Point**
Ponte Vedra Beach Fl 32082

TITLE
NAME **ALBANEZE, DAVID**
STREET ADDRESS **8004 WHISPER LAKE LANE E**
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 any attachment with an address.

SIGNATURE:

Alan B. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

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

FILED
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DIVISION OF CORPORATIONS

DOCUMENT # **N30755** (5)

1. Corporation Name
THE DOWNTOWN CORPS. INC.

Principal Place of Business Mailing Address
**501 EAST KENNEDY BOULEVARD
SUITE 600
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/17/1989** 3a. Date of Last Report **08/02/1994**
4. FEI Number **59-2976396** 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 **P.O. Box 2387** 25 **P.O. Box 2387**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 **Tampa, FL** 27 **Tampa, FL**
City & State City & State
24 **33601** 25 **USA** 29 **33601** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**LITSCHGI, VALERIE
BARNETT, BOLT, KIRKWOOD & LONG
601 BAYSHORE BLVD, #700
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81 Name **Marsha Chalfant**
82 Street Address (P.O. Box Number is Not Acceptable) **Pender Newkirk & Co.**
83 **100 S. Ashley St. Suite 1650**
84 City **Tampa** 85 Zip Code **FL 33608**

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 *Marsha Chalfant* **Marsha Chalfant, Vice President of Finance** 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS
NAME	LITSCHGI, VALERIE
STREET ADDRESS	601 BAYSHORE BLVD #700
CITY-ST-ZIP	TAMPA FL
TITLE	DV
NAME	BRENNAN, DAWN
STREET ADDRESS	4880 W KENNEDY BLVD, STE 900
CITY-ST-ZIP	TAMPA FL
TITLE	DV
NAME	ROBINSON, KRIS
STREET ADDRESS	100 S ASHLEY DRIVE, SUITE 280
CITY-ST-ZIP	TAMPA FL
TITLE	DP
NAME	GORDON, HORACE C IV
STREET ADDRESS	4806 W FIG ST
CITY-ST-ZIP	TAMPA FL
TITLE	DVT
NAME	CHALFANT, MARSHA
STREET ADDRESS	100 S ASHLEY DRIVE, SUITE 1650
CITY-ST-ZIP	TAMPA FL
TITLE	DV
NAME	BRYAN, STACIA
STREET ADDRESS	101 E KENNEDY BLVD, SUITE 1500
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Newton, Anne
13 STREET ADDRESS	905-B Dakota Ave. S.
14 CITY-ST-ZIP	Tampa, FL 33606
21 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Brown, Jim
23 STREET ADDRESS	926 Delaney Circle Apt. 201
24 CITY-ST-ZIP	Brandon, FL 33511
31 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Bewis, Ray
33 STREET ADDRESS	1405 BAY VILLA #2
34 CITY-ST-ZIP	TAMPA, FL 33629
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Shay, Beth
63 STREET ADDRESS	1708 S. Habana Ave
64 CITY-ST-ZIP	Tampa, FL 33629

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marsha Chalfant* 5/31/95 813-229-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)

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1995



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

FILED
SECRETARY OF STATE
TAMPA FL

DOCUMENT # **N31482** (5)

1. Corporation Name
WESTWOOD PLAZA MERCHANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address

4577 GUNN HWY.
TAMPA FL 33624-6311
US

4577 GUNN HWY.
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1989	3a. Date of Last Report 05/12/1994
4. FEI Number 59-3005789	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FARVER, TERESA G.
4583 GUNN HWY.
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARVER, TERESA G.	1.2 NAME	
STREET ADDRESS	4577 GUNN HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERONDA, LINDA	2.2 NAME	
STREET ADDRESS	4533 GUNN HWY.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCRACKEN, JOHN	3.2 NAME	
STREET ADDRESS	4571 GUNN HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Teresa G. Farver 5.30.95 813.968.5201
Signature and typed or printed name of signing officer or director Date (Month/Day/Year)

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ANNUAL REPORT
1995



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

DOCUMENT # **N31695** (2)

1. Corporation Name

THE WAY OF DELIVERANCE PENTECOSTAL CENTER, INC.

Principal Place of Business

Mailing Address

C/O ARNOLD PERSON
1235 NW 188TH ST.
MIAMI FL 33169

C/O ARNOLD PERSON
1235 NW 188TH ST.
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/13/1989** 3a. Date of Last Report **03/08/1994**

4. FEI Number **65-0143035** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERSON, SARAH
1235 NW 188TH ST.
MIAMI FL 33169

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reissuing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **PERSON, SARAH**
STREET ADDRESS **1235 NW 188TH STREET**
CITY-ST-ZIP **MIAMI FL**

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

Change Addition

TITLE **SD**
NAME **GOULBOURNE, STEVE**
STREET ADDRESS **6500 NW 4 AVENUE**
CITY-ST-ZIP **MIAMI FL**

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **SAMPSON, JOHANN**
STREET ADDRESS **3148 NW 50TH ST.**
CITY-ST-ZIP **MIAMI FL**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

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 110.07(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:

Johann Sampson
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/30/95 (305) 433-8730
DATE (Daytime Phone #)