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

AMENDED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31605** **(1)**

1. Corporation Name

SARASOTA BALLET OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1819 MAIN ST P.O. BOX 49094 SARASOTA FL 34230-6094 US	1819 MAIN ST P.O. BOX 49094 SARASOTA FL 34230-6094 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1989**

3a. Date of Last Report: **04/25/1994**

4. FEI Number: **65-0135900** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	8251 15th St. E.	
Suite, Apt. #, etc.	22	Suite A	
City & State	23	Sarasota, FL	
Zip	24	34243-2705	
Country	25	USA	
2a. Mailing Address	26	P. O. Box 49094	
Suite, Apt. #, etc.	27		
City & State	28	Sarasota, FL	
Zip	29	34230-6094	
Country	30	USA	

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 [X] **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARR, KATHRYN ANGELL
240 SOUTH PINEAPPLE AVENUE
SARASOTA FL 34236

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	DP	[X] Change ☐ Addition
NAME	JENNINGS, CHRISTINE	12 NAME	Jennings, Christine	
STREET ADDRESS	888 BLVD OF THE ARTS	13 STREET ADDRESS	888 Blvd of the Arts	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	Sarasota, FL 34236	
TITLE	CBD	21 TITLE		☐ Change ☐ Addition
NAME	WEIDNER-ALLENBY, JEAN	22 NAME		
STREET ADDRESS	250 BIRD KEY DR	23 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP		
TITLE	DT	31 TITLE	DT	[X] Change ☐ Addition
NAME	SCHRODER, DONALD E	32 NAME	Shirley Irons Faist	
STREET ADDRESS	618 BARONET LANE	33 STREET ADDRESS	2 North Tamiami Trail	
CITY ST ZIP	HOLMES BCH FL	34 CITY ST ZIP	Sarasota, FL 34236	
TITLE	DP	41 TITLE	D	[X] Change ☐ Addition
NAME	ANGELOTTI, RICHARD	42 NAME	Angelotti, Richard	
STREET ADDRESS	386 BOB WHITE DR	43 STREET ADDRESS	228 Seagull Drive	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	Sarasota, FL 34236	
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)(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: Christine L. Jennings
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4/27/95
Date

813-955-2626
Daytime Phone #

Christine L. Jennings

0063202

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N31627 (5)

1. Corporation Name

THE EMPLOYER/CHILD CARE CONNECTION, INC.

Principal Place of Business	Mailing Address
~~2575 E. BAY ISLE DR.~~ S.E. ST. ~~PETERSBURG FL 33705~~ US	~~2575 E. BAY ISLE DR.~~ S.E. ~~ST. PETERSBURG FL 33705~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1989	3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-2970193	☐ Applied For ☐ Not Applicable

2. Principal Place of Business: [21] 800 Snell Isle Blvd N.E.	2a. Mailing Address: [26] 800 Snell Isle Blvd N.E.
Suite, Apt #, etc: [22]	Suite, Apt #, etc: [27]
City & State: [23] St. Petersburg	City & State: [28] St. Petersburg
Zip: [24] 33704 Country: [25] Pinellas	Zip: [29] 33704 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
OLSEN, SUSAN L. ~~2575 E. BAY ISLE DR.~~ S.E. ~~ST. PETE FL 33705~~	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] 800 Snell Isle Blvd. N.E. [84] City St Petersburg **FL** [85] Zip Code 33704

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ALBRIGHT, JAMES	1.2 NAME	
STREET ADDRESS	701 SIXTH ST. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, JUDITH	2.2 NAME	
STREET ADDRESS	9029 BAYWOOD PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DICKSON, DIANA	3.2 NAME	
STREET ADDRESS	535 20TH AVE. N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	OLSEN, SUSAN	4.2 NAME	Susan L. Olsen
STREET ADDRESS	~~2575 E. BAY ISLES DR SE~~	4.3 STREET ADDRESS	800 Snell Isle Blvd NE
CITY-ST-ZIP	~~ST. PETERSBURG FL~~	4.4 CITY-ST-ZIP	St Petersburg, FL 33704
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)(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: Susan L. Olsen Susan L. Olsen 4/26/95 (813) 821-9305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055650

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

[illegible] 9:25

[illegible] STATE
[illegible], FLORIDA

DOCUMENT # **N32298** **(4)**

1. Corporation Name

BRADEN RIVER UNITED METHODIST CHURCH INC.

Principal Place of Business	Mailing Address
5858 44TH AVE E BRADENTON FL 34203 US	5858 44TH AVE E BRADENTON FL 34203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/15/1989**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **65-0073128** ☐ 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
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

9. Name and Address of Current Registered Agent

COMBS, ANN G
2408 21ST AVE WEST
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name: BLANE D. TURPIN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6104 CYPRESS CIRCLE E.
84 City: BRADENTON FL 85 Zip Code: 34202

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: Blane D. Turpin — 2/24/95
Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when mandated) — (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BURKHAR, MARK	12 NAME	
STREET ADDRESS	505 30TH AVE WEST, #101-E	13 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	D ☒ Change ☐ Addition
NAME	~~STARKEY, JANE~~	22 NAME	LAGE, SHERRI
STREET ADDRESS	~~3020 57TH STREET E~~	23 STREET ADDRESS	4844 8TH AVE. E.
CITY ST ZIP	~~BRADENTON FL~~	24 CITY ST ZIP	BRADENTON, FL. 34208
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	~~TURPIN, BLANE~~	32 NAME	WOOD, DAVID
STREET ADDRESS	~~6104 CYPRESS CIR~~	33 STREET ADDRESS	4904 35TH STREET CT. E.
CITY ST ZIP	~~BRADENTON FL~~	34 CITY ST ZIP	BRADENTON, FL. 34203
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, WILLIAM O	42 NAME	
STREET ADDRESS	3804 65TH ST E.	43 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WEILAND, RAY	52 NAME	
STREET ADDRESS	7313 36TH AVE E	53 STREET ADDRESS	
CITY ST ZIP	BRADENTON FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	~~COMBS, ANN~~	62 NAME	RUSSO, MISSY
STREET ADDRESS	~~2408 21ST AVE WEST~~	63 STREET ADDRESS	2215 6TH ST CT E
CITY ST ZIP	~~BRADENTON FL~~	64 CITY ST ZIP	BRADENTON, FL. 34208

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: Blane D. Turpin — BLANE D. TURPIN, PRESIDENT — 02/24/95 — (813) 757-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0042221

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 -1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32617 (5)

1. Corporation Name

CHARITY CHALLENGE, INC.

Principal Place of Business:
160 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701
US

Mailing Address:
160 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2944549 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 186-D Maitland Ave
Suite, Apt. #, etc.
22
City & State
23 Altamonte Springs, FL
Zip 24 32701 Country 25 US

2a. Mailing Address
26 186-D Maitland Ave
Suite, Apt. #, etc.
27
City & State
28 Altamonte Springs, FL
Zip 29 32701 Country 30 US

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

LANSING, MARIANN
160 HATTAWAY DR
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: David Lee Constantine
82 Street Address (P.O. Box Number is Not Acceptable): 186-D Maitland Avenue
83
84 City: Altamonte Springs FL 85 Zip Code 32701

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: David Lee Constantine 4/24/95
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONSTANTINE, DAVID LEE
STREET ADDRESS	186-D MAITLAND AVE.
CITY-ST-ZIP	ALTAMONTE SPRGS FL
TITLE	D
NAME	LANSING, MARIANN
STREET ADDRESS	933 DOUGLAS AVE
CITY-ST-ZIP	ALTAMONTE SPGS FL
TITLE	~~D~~
NAME	~~RILEY, DEREK~~ Remove
STREET ADDRESS	~~324 LOS ALTOS WAY, #103~~
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	☐ Change ☒ Addition
12 NAME	Kimberly Moody	
13 STREET ADDRESS	186-D Maitland Avenue	
14 CITY-ST-ZIP	Altamonte Springs, FL 32701	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
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)(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: David Lee Constantine 4/24/95 407-331-9675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0030488