

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

APPROVED AND FILED

95 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N33724 (8)

1. Corporation Name

DELIVERANCE CENTER - OUTREACH MINISTRY FOR CHRIS T, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311	Mailing Address 3090 N.W. 7TH STREET FORT LAUDERDALE FL 33311
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3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0141478	Applied For Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCLANE, ROSA B.
2731 N.W. 26TH AVENUE
FORT LAUDERDALE FL 33311**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP	PTD MCLANE, ROSA B. 2731 N.W. 26TH AVENUE FT. LAUDERDALE FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP	VSD MCLANE, ANTHONY D. 2731 N.W. 26TH AVENUE FT. LAUDERDALE FL	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BRYANT, CAREY R 2611 NW 56TH AVE. LAUDERHILL FL 33313	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP		27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE NAME STREET ADDRESS CITY, ST, ZIP		35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Rosa B. Morham* **Pres.** *4/24* *205-61841375*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ANNUAL REPORT,
1995



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

DOCUMENT # N33868 (3)

1. Corporation Name
**DISABLED AMERICAN VETERANS AUXILIARY, GREATER SO
UTH OCALA #149, DEPARTMENT OF FLORIDA, INC.**

Principal Place of Business Mailing Address
**805 S.E. 13TH ST.
OCALA FL 34471-4453
US** **805 S.E. 13TH ST.
OCALA FL 34471-4453
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/01/1989** 3a. Date of Last Report **04/18/1994**
4. FEI Number **NOT APPLICABLE** 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 no yes

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. 25. 29. 30.

9. Name and Address of Current Registered Agent

**GIBSON, ELLA MAE
805 S.E. 13TH ST.
OCALA FL 34471**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of agent or person acting as registered agent or both)

(Signature of registered agent or person acting as registered agent or both)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GIBSON, ELLA MAE
STREET ADDRESS	805 S.E. 13TH ST.
CITY, ST, ZIP	OCALA FL
TITLE	DV
NAME	NICOL, KITTY
STREET ADDRESS	10251 S.W. 74TH CT.
CITY, ST, ZIP	OCALA FL
TITLE	DV
NAME	LEFEBURE, ANNA
STREET ADDRESS	5525 SW 61ST PLACE
CITY, ST, ZIP	OCALA FL
TITLE	DT
NAME	GALL, BETTY
STREET ADDRESS	2716 S.E. 37TH ST.
CITY, ST, ZIP	OCALA FL
TITLE	DS
NAME	O'NEIL, LOUISE
STREET ADDRESS	9220 B S.W. 90TH COURT
CITY, ST, ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 Sections 199.02(3)(b), 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: *Ellen Mae Gibson* **ELLA MAE GIBSON** 5/9/95 904 732-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED
MAY 12 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of CORPORATIONS

APR 15 1995
CORPORATION STATE FLORIDA

DOCUMENT # **N35037** (3)
1. Corporation Name:

GULF COAST FAITH FELLOWSHIP, INC.

Principal Place of Business: **5264 CLAYTON COURT #6 FT. MYERS FL 33907 US**
Mailing Address: **POST OFFICE BOX 1568 P.O. BOX 1568 FT. MYERS FL 33902 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1989**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0150686**
Applied For: Not Applicable:

2. Principal Place of Business: **3049 McGregor Blvd.**
2a. Mailing Address: **3049 McGregor Blvd.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

21. City & State: **Ft. Myers, FL**
22. City & State: **Ft. Myers, FL**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

23. Zip: **33901** Country: **USA**
28. Zip: **33901** Country: **USA**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

24. Name and Address of Current Registered Agent: **HAIGHT, DANIEL J. 17501 BUTLER RD FT. MYERS FL 33912**

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

10. Name and Address of New Registered Agent:
B1 Name: **Haight, Daniel J.**
B2 Street Address (P.O. Box Number is Not Acceptable): **7767 Cameron Circle**
B3
B4 City: **Ft. Myers** B5 Zip Code: **FL 33912**

11. Pursuant to the provisions of Sections 607.0541 and 607.1405, 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 607.0405, Florida Statutes.

SIGNATURE: _____ DATE: **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HAIGHT, DANIEL J.
STREET ADDRESS	17501 BUTLER RD
CITY, ST, ZIP	FT. MYERS FL
TITLE	DST
NAME	HAIGHT, JOSELYN A.
STREET ADDRESS	17501 BUTLER RD
CITY, ST, ZIP	FT. MYERS FL
TITLE	DV
NAME	LAVORGNA, ROBERT
STREET ADDRESS	503 ADAMSTON RD.
CITY, ST, ZIP	BRICK NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL NAMED OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haight, Daniel J.	
STREET ADDRESS	7767 Cameron Circle	
CITY, ST, ZIP	Ft. Myers, FL 33912	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haight, Joselyn A.	
STREET ADDRESS	7767 Cameron Circle	
CITY, ST, ZIP	Ft. Myers, FL 33912	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LaVorgna, Robert	
STREET ADDRESS	503 Adamston Road	
CITY, ST, ZIP	Brick, NJ	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.032, 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. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 177, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Joselyn A. Haight* **Joselyn A. Haight** **4/28/95** **813-337-0067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR