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 11 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43434** **(2)**

1. Corporation Name

ORLANDO PRAYER AND WORSHIP CENTER - INTERNATIONAL INC.

Principal Place of Business	Mailing Address
P.O. BOX 195457 WINTER SPRINGS FL 32719-5457	P.O. BOX 195457 WINTER SPRINGS FL 32719-5457

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-3067291 ☐ 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 XX **$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): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

FUTCH, ROY G.
4741 SWANSNECK PL
WINTER SPRINGS FL 32708

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: (Required when Item 9 entered. If registered agent is a corporation, the officer or agent listing must sign.) (If Registered Agent signature required, was manually) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	FUTCH, ROY G	12 NAME		
STREET ADDRESS	4741 SWANSNECK PL	13 STREET ADDRESS		
CITY ST ZIP	WINTER SPRINGS FL	14 CITY ST ZIP		
TITLE	STD	21 TITLE	VD	XX Change ☐ Addition
NAME	FUTCH, NAOMI	22 NAME	FUTCH, NAOMI	
STREET ADDRESS	4741 SWANSNECK PL	23 STREET ADDRESS	4741 SWANSNECK PL	
CITY ST ZIP	WINTER SPRINGS FL	24 CITY ST ZIP	WINTER SPRINGS, FL	
TITLE	DV	31 TITLE	STD	XX Change ☐ Addition
NAME	WHITFIELD, A. DANIEL	32 NAME	WHITFIELD, A. DANIEL	
STREET ADDRESS	4741 SWANSNECK PL	33 STREET ADDRESS	1100 MEADOW LAKE WAY, APT# 100	
CITY ST ZIP	WINTER SPRINGS FL	34 CITY ST ZIP	WINTER SPRINGS, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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 changed, or on an attachment with an address.

SIGNATURE: Roy G. Futch
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

5/6/95 (Date) 407-696-0290 (Telephone Number)

0031102

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N44235 (2)

Corporation Name

ATLANTIC CLASSICAL PLAYERS, INC.

ROVED 20 PM 1:01 STATE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5000 N A1A SUITE 317 VERO BEACH FL 32963	5000 N A1A SUITE 317 VERO BEACH FL 32963 US

3. Date Incorporated or Qualified: 07/10/1991
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0307858 — Applied For / Not Applicable

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

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

MCMULLAN, ANDREW
5000 N A1A
SUITE 317
VERO BEACH FL 32963

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 ______ 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	DS	11 TITLE	D~~?~~ ☐ Change ☑ Addition
NAME	HANLEY, MICHAEL J	12 NAME	Robert Weideman
STREET ADDRESS	P.O. BOX 3082 N/A	13 STREET ADDRESS	5107 E. Echo Pines circle
CITY ST ZIP	VERO BEACH FL 32964	14 CITY ST ZIP	Ft. Pierce, FL 34451
TITLE	DP ~~Robert~~	21 TITLE	~~Robert~~ ☐ Change ☐ Addition
NAME	~~RETZ JOSEPH~~	22 NAME	
STREET ADDRESS	~~4704 CEDAR LANE~~	23 STREET ADDRESS	
CITY ST ZIP	~~VERO BEACH FL 32963~~	24 CITY ST ZIP	
TITLE	DT-	31 TITLE	~~[illegible]~~ D ☑ Change ☐ Addition
NAME	~~DUDZINSKI JAMES E~~	32 NAME	Robert daCosta
STREET ADDRESS	~~703 17TH ST~~	33 STREET ADDRESS	5680 N. A1A
CITY ST ZIP	~~VERO BEACH FL 32960~~	34 CITY ST ZIP	VERO BEACH, FL 32963
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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	TJS 7/20/95	63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	$68.75 Deposited by Bur...

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: [signature] Robert daCosta — 4/28/95 — 407-234-3456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036864