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 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45746 (7)

1. Corporation Name

IGLESIA BAUTISTA LA FE, INC.

Principal Place of Business	Mailing Address
970 SW 1ST 2ND FLOOR MIAMI FL 33130 US	% JOSE ACOSTA 1828 SW 10TH STREET MIAMI FL 33135-5106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0536392 ☐ 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	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

ACOSTA, JOSE
1828 S.W. 10TH ST.
MIAMI FL 33135

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	DPC	1.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, JOSE	1.2 NAME	
STREET ADDRESS	1828 S.W. 10 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, TOMASA	2.2 NAME	
STREET ADDRESS	80 NW 35TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, CARMEN DELIA	3.2 NAME	
STREET ADDRESS	937 SW 7TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MONTERO, VIRGILIO	4.2 NAME	
STREET ADDRESS	82 NW 35 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, NANCY	5.2 NAME	
STREET ADDRESS	1828 S.W. 10 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: MAY 1st /95 — Daytime Phone #: 642-7017

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FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N45972** **(9)**

1. Corporate Name

COALITION FOR THE HOMELESS OF INDIAN RIVER COUNT
Y, INC.

Principal Place of Business	Mailing Address
2525 ST. LUCIE AVE VERO BEACH FL 32960 US	2525 ST. LUCIE AVE VERO BEACH FL 32960 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1991
3a. Date of Last Report: 05/01/1994
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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2686 U.S. Hwy. 1	26 2686 U.S. Hwy. 1
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Vero Beach, Florida	City & State 28 Vero Beach, Florida
Zip 24 32960-5080 County 25 Indian River	Zip 29 32960-5080 County 30 Indian River

9. Name and Address of Current Registered Agent

BARKETT, BRUCE D.
756 BEACHLAND BLVD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: GRIFFITH, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 2686 U.S. Highway 1
83
84 City: Vero Beach FL 85 Zip Code: 32960-5080

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] Gary Griffith, Managing Director 2/09/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	XD	11 TITLE	V/D ☒ Change ☐ Addition
NAME	SPECK, DR. RICHARD	12 NAME	
STREET ADDRESS	2115 - 15TH PL	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	S/T/D ☒ Change ☒ Addition
NAME	HARVEY, VAL	22 NAME	GARTRELL, SHIRLEY
STREET ADDRESS	856 - 16TH PL	23 STREET ADDRESS	2795 Sixth St.
CITY-ST-ZIP	VERO BCH. FL	24 CITY-ST-ZIP	Vero Beach, Fl. 32968-1241
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT K.	32 NAME	
STREET ADDRESS	1006 ROYAL PALM BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ERNESTINE	42 NAME	
STREET ADDRESS	4125 - 56TH AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	44 CITY-ST-ZIP	
TITLE	MC	51 TITLE	P/D ☒ Change ☐ Addition
NAME	MULLER, HENRY J.	52 NAME	
STREET ADDRESS	5954 RIVER RUN DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	M/D ☐ Change ☒ Addition
NAME		62 NAME	GRIFFITH, GARY
STREET ADDRESS		63 STREET ADDRESS	1904 - 2nd Ave., S.W.
CITY-ST-ZIP		64 CITY-ST-ZIP	Vero Beach, Fl. 32962

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 the 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] 2/23/95 (407) 567-1454

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

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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46078** **(4)**

1. Corporation Name

GF/AMELIA ISLAND PROPERTIES, INC.

Principal Place of Business	Mailing Address
% ELEVEN PIEDMONT CENTER 3495 PIEDMONT RD SUITE 611 ATLANTA GA 30305	% ELEVEN PIEDMONT CENTER 3495 PIEDMONT RD. SUITE 611 ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 03/09/1994
4. FEI Number: 58-1970292 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2700 Atlantic Avenue	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fernandina Beach, FL	City & State 28
Zip 24 32034 — Country 25 U.S.A.	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	10. Name and Address of New Registered Agent
FRANK E MALONEY 5 WEST MACCLENNY AVE MACCLENNY FL 32063	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 Gregory K. Grove, President Feb. 21, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	WEISEL, ERIC I.	1.2 NAME
STREET ADDRESS	211 E. 1ST ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	BLOOMSBURG PA	1.4 CITY-ST-ZIP
TITLE	DP	2.1 TITLE ☐ Change ☐ Addition
NAME	GROVE, GREGORY K.	2.2 NAME
STREET ADDRESS	1075 W. CONWAY DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	BASS, C. WILLIS	3.2 NAME
STREET ADDRESS	76 LAUREL FOREST CR.	3.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
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: Gregory K. Grove, President Feb. 21, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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