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 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005583 (0)**

1. Corporation Name
FIRST CHURCH OF CHRIST, SCIENTIST, WEST PALM BEACH, INC.

Principal Place of Business	Mailing Address
138 LAKEVIEW AVE WEST PALM BEACH FL 33401	138 LAKEVIEW AVE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6001048 ☐ Applied For ☐ Not Applicable

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)

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

RUSSELL, JUNE R
138 LAKEVIEW AVE
WEST PALM BEACH FL 33401

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	DALE, ROBERT C	12 NAME	William B. Dobyns	
STREET ADDRESS	3700 NORTHWIND CT	13 STREET ADDRESS	210 33rd St.	
CITY-ST-ZIP	JUPITER FL 33477	14 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	BRIDGES, PATRICIA H	22 NAME	Patricia G. Peaslee	
STREET ADDRESS	11811 AVEENUE OF PGA BLDG 7 #2G	23 STREET ADDRESS	903 Ocean Dunes Cir.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	24 CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BUNKER, JOHN	32 NAME		
STREET ADDRESS	727 SUNSET RD	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, ANN M	42 NAME	Ann M. Hopkins	
STREET ADDRESS	9606 PALMS CA	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428	44 CITY-ST-ZIP	No longer on Board	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	STEWART, BARBARA B	52 NAME		
STREET ADDRESS	315 S LAKE DR	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	GUEST, WALTER H	62 NAME		
STREET ADDRESS	P.O. BOX 19773 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406	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: Walter B. Guest 4/21/95 (407) 655-8182
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010027

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

[illegible] AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000658 (3)**

1. Corporate Name
PARADISE PARASAIL & WATER SPORTS, INC.

Principal Place of Business
C/O RAMADA BEACH RESORT
U.S. HWY 98 EAST
FT. WALTON BEACH FL 32548

Mailing Address
C/O RAMADA BEACH RESORT
1500 MIRACLE STRIP PKWY
FT. WALTON BEACH FL 32548
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/06/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: 1500 MIRACLE STRIP PKWY
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **59-3153988** ☐ 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

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

9. Name and Address of Current Registered Agent

TOLBERT, FRED III
C/O RAMADA BEACH RESORT
U.S. HWY 98 EAST
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1500 MIRACLE STRIP PKWY
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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	XX ☐ Change ☐ Addition
02 NAME	TOLBERT, FRED E III	12 NAME	
03 STREET ADDRESS	U.S. HWY 98 EAST	13 STREET ADDRESS	1500 MIRACLE STRIP PKWY
04 CITY ST ZIP	FT. WALTON BEACH FL 32548	14 CITY ST ZIP	
01 TITLE		21 TITLE	☐ Change ☐ Addition
02 NAME		22 NAME	
03 STREET ADDRESS		23 STREET ADDRESS	
04 CITY ST ZIP		24 CITY ST ZIP	
01 TITLE		31 TITLE	☐ Change ☐ Addition
02 NAME		32 NAME	
03 STREET ADDRESS		33 STREET ADDRESS	
04 CITY ST ZIP		34 CITY ST ZIP	
01 TITLE		41 TITLE	☐ Change ☐ Addition
02 NAME		42 NAME	
03 STREET ADDRESS		43 STREET ADDRESS	
04 CITY ST ZIP		44 CITY ST ZIP	
01 TITLE		51 TITLE	☐ Change ☐ Addition
02 NAME		52 NAME	
03 STREET ADDRESS		53 STREET ADDRESS	
04 CITY ST ZIP		54 CITY ST ZIP	
01 TITLE		61 TITLE	☐ Change ☐ Addition
02 NAME		62 NAME	
03 STREET ADDRESS		63 STREET ADDRESS	
04 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred E. Tolbert III **FRED E. TOLBERT, III** 5/1/95 904-243-9161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0388642 CP