

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:27

DOCUMENT # 715394 (3)
1. Corporation Name
THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.

Principal Place of Business Mailing Address
605 OCEAN DR KEY BISCAYNE FL 33149
605 OCEAN DR KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1968	3a. Date of Last Report 04/15/1994
4. FEI Number 59-1269433	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 25
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
WAGONER, EDWARD C.
605 OCEAN DR.OFFICE
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name **TERRY A. HEATON**
82 Street Address (P.O. Box Number is Not Acceptable)
605 OCEAN DRIVE
83
84 City **KEY BISCAYNE** **FL** 85 Zip Code **33149**

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 **Terry A. Heaton, General Manager** *Terry A. Heaton* **03/15/95**
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent's name required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWENS, STEPHEN 607 OCEAN DR. KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHRAGER, ARTHUR 607 OCEAN DR. 11J KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BELOFF, JEROME 607 OCEAN DR. 3J KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BECK, PAUL JR 605 OCEAN DR. 4L KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRYOR, MARY 611 OCEAN DR. 4E KEY BISCAYNE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECK, PAUL 605 OCEAN DR. 4L KEY BISCAYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Handwritten signature</i>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Schrager, Arthur 607 Ocean Drive 11J Key Biscayne, FL 33149
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **STEPHEN OWENS, PRESIDENT** *Handwritten signature* **3/15/95 (305) 361-5737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Here)

715394

THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.
605 OCEAN DRIVE, KEY BISCAYNE, FLORIDA 33149

THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.
CORPORATE ANNUAL REPORT FOR 1994

ADDITIONAL NEW DIRECTORS AND OFFICERS

1. VD
HOYT, WILLIAM
611 OCEAN DRIVE 4F
KEY BISCAYNE, FL 33149

2. D
GOLDSTEIN, SANDRA
611 OCEAN DRIVE 2E
KEY BISCAYNE, FL 33149

3. D
WILSON, GARVER
609 OCEAN DRIVE 8G
KEY BISCAYNE, FL 33149

4. D
RIVELLI, PAULINE
607 OCEAN DRIVE 10K
KEY BISCAYNE, FL 33149

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 6:33

DOCUMENT # 715646 (6)

1. Corporation Name
**THE CHURCH OF THE LIVING GOD, PILLAR GROUND TRUT
H HOLLINESS CHAPEL, INC.**

Principal Place of Business Mailing Address
**35 EDGAR STREET P.O. BOX 331-351
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/03/1968	3a. Date of Last Report 06/15/1994
4. FBI Number NOT APPLICABLE	Applied For Not Applicable
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
**BROWN, UDIE C.
36 DUDLEY ST., ATLANTIC BCH, FL 32233
35 EDGAR STREET
ATLANTIC BEACH FL 32233-1225**

81 Name	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL	
83		
84 City		

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BROWN, UDIE C.
STREET ADDRESS	36 DUDLEY STREET
CITY - ST - ZIP	ATLANTIC BEACH FL
TITLE	D
NAME	COOPER, MARY LEE
STREET ADDRESS	11156 FT. CAROLINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	WILLIAMS, EMERY J.
STREET ADDRESS	11405 FT. CAROLINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	BROWN, MAGGIE
STREET ADDRESS	44 JACKSON ROAD
CITY - ST - ZIP	ATLANTIC BEACH FL 32233
TITLE	D
NAME	WILLIAMS, JESSIE LEE
STREET ADDRESS	2099 ALLEY ROAD
CITY - ST - ZIP	ATLANTIC BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D WILCHER, FATE ROGER
53 STREET ADDRESS	2268 Mayport Road, # 174
54 CITY - ST - ZIP	Atlantic Beach, Florida 32233
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 Section 119.07(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: Udie C Brown 3/24/95 904-246-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
UDIE C. BROWN, PRESIDENT

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

3-28-95 6:27
CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 MAR 28 PM 6:15

DOCUMENT # 716916 (2)
 1. Corporation Name
GAINESVILLE MULTIPLE LISTING, INC.

Principal Place of Business Mailing Address
1204 NORTHWEST TENTH AVENUE **1204 NORTHWEST TENTH AVENUE**
GAINESVILLE FL 32601 **GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/28/1969** 3a. Date of Last Report: **05/01/1994**

4. FBI Number: **59-1271799** 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 2b. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 30. Country

9. Name and Address of Current Registered Agent

HARDY, SARAH G.
1204 NORTHWEST TENTH AVENUE
GAINESVILLE FL 32601

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

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BAUR, JAN 4141 NW 37TH PLACE GAINESVILLE, FL 00600	11 TITLE D	TRAVIS, ROSA 4001 Newberry Road -Suite D-11 Gainesville, FL 32607
TITLE VD	FOSTER, EDDIE 5200 NEWBERRY RD, BLDG. C GAINESVILLE FL	21 TITLE PD	Foster, Eddie 5200 Newberry Rd, Bldg. C Gainesville, FL 32607
TITLE D	MERRILL, THOMAS L. 825 NW 13TH STREET GAINESVILLE, FL 00000	31 TITLE VD	McIntosh, Tommy 4141 NW 37th Place - Suite A Gainesville, FL 32606
TITLE SD	RYALS, MICHAEL 5542 NW 43RD STREET GAINESVILLE, FL 00000	41 TITLE SD	DAVIS, NEELY 4516 NW 23rd Ave Gainesville, FL 32606
TITLE PD	WHITE, DIANNA CLAY 5127 NW 39TH AVE. GAINESVILLE, FL 00000	51 TITLE D	White, Diana Clay 5127 NW 39th Ave Gainesville, FL 32606
TITLE TD	MCPHERSON, VIRGIL NICK 4020 NEWBERRY ROAD GAINESVILLE FL	61 TITLE	

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)(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 my address.

SIGNATURE: *Virgil N. McPherson* 3-9-95
 PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

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ANNUAL REPORT
1995



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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 6:32

DOCUMENT # 717219 (0)

1. Corporation Name
**TRINITY LUTHERAN CHURCH AND SCHOOL OF ROCKLEDGE,
FLORIDA, INCORPORATED**

Principal Place of Business Mailing Address
**1330 S FISKE BLVD.
ROCKLEDGE FL 32955** **1330 S FISKE BLVD.
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1969	3a. Date of Last Report 02/28/1994
4. FEI Number 59-1277551	Applied For <input type="checkbox"/> Not Applicable
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	

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

**SCHWEINSBERG, JOHN
850 BELHURST LANE
ROCKLEDGE FL 32955**

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 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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) *John Schweinsberg* **John Schweinsberg, President** **3-19-95**
DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHULTZ, ELAINE
STREET ADDRESS	888 BARTEL PLACE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	VP
NAME	ELROD, RUSSELL
STREET ADDRESS	1028 GREEN LEAF COURT
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	P
NAME	SCHWEINSBERG, JOHN
STREET ADDRESS	850 BELHURST LANE
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D
NAME	BAGGARLY, NAT
STREET ADDRESS	1427 GLENEAGLES WAY
CITY-ST-ZIP	ROCKLEDGE FL
TITLE	D
NAME	JONES, TOM
STREET ADDRESS	1990 JUNIPER CIRCLE
CITY-ST-ZIP	COCOA FL
TITLE	T
NAME	FRICK, ROBBIN
STREET ADDRESS	1298 TROON WAY
CITY-ST-ZIP	ROCKLEDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VP
23 STREET ADDRESS	Bill Ward
24 CITY-ST-ZIP	1474 Wellington Circle
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	Rockledge, FL 32955
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 Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 (as applicable) or on an attachment with an address.

(SIGNATURE) *John Schweinsberg* **(407)690-3464**
DATE

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ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:38

DOCUMENT # 717343 (8)

1. Corporation Name
THE FIRST SCIENCE OF MIND CENTER, INC., OF MELBOURNE FLORIDA

Principal Place of Business
**2008 PINEAPPLE AVE.
P O BOX 360-314
MELBOURNE FL 32935
US**

Mailing Address
**P. O. BOX 360314
P O BOX 360-314
MELBOURNE FL 32936-0314
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1969	3a. Date of Last Report 04/11/1994
4. FEI Number 23-7290512	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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	

2. Principal Place of Business	2a. Mailing Address
21 2008 Pineapple Ave	26 P.O. Box 361502
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Melbourne FL	28 City & State Melbourne FL
24 Zip 32935	25 Country Brevard
	29 Zip 32936-1502
	30 Country Brevard

9. Name and Address of Current Registered Agent HORGAN, MARY A 10090 S TROPICAL TRAIL SOUTH MERRITT ISLAND FL 32952	10. Name and Address of New Registered Agent 81 Name Brimhall, Allan F. 82 Street Address (P.O. Box Number is Not Acceptable) 916 Doria Way 83 84 City Melbourne FL 85 Zip Code 32940
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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 *Allan F. Brimhall, President* *allan F. Brimhall, Minister* *March 21, 1995*
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMONT, HELEN C.	12 NAME	
STREET ADDRESS	501 OAKRIDGE DR.	13 STREET ADDRESS	
CITY- ST- ZIP	INDIALANTIC FL	14 CITY- ST- ZIP	
TITLE	V	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORGAN, LEROI J.	22 NAME	T/D Smith, Mildred A.
STREET ADDRESS	10090 S TROPICAL TERR	23 STREET ADDRESS	133 SE 1st
CITY- ST- ZIP	S MERRITT ISL, FL 00000	24 CITY- ST- ZIP	Satellite Beach FL 32937
TITLE	PD	31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HORGAN, MARY A DR	32 NAME	P/D Brimhall, Allan F.
STREET ADDRESS	10090 S TROPICAL TERR	33 STREET ADDRESS	916 Doria Way
CITY- ST- ZIP	S MERRITT ISL, FL 00000	34 CITY- ST- ZIP	Melbourne FL 32940
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JADASSOHN, LORINE R	42 NAME	
STREET ADDRESS	5190 PINAVISTA DRIVE	43 STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Reverend Allan F. Brimhall, President* *March 21, 1995 (407) 757-9200*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR DATE (Typed Name)
Allan F. Brimhall, President