FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

68.75

CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:30

DOCUMENT # 701187 (7)

GRACE BAPTIST CHURCH OF WEST HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
3761 N.W. 94TH AVE. P.O. BOX 6357 (33021) HOLLYWOOD FL 33024	3761 N.W. 94TH AVE. P.O. BOX 6357 (33021) HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1960
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2718173 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23
2a. Mailing Address — 26 — P.O. Box 6357 Hollywood FL. 33021 — Suite, Apt. #, etc. — 27 — City & State — 28

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

24 Zip 33024 — 25 County Broward — 29 Zip 33024 — 30 County Broward

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
JOHNSON, EARL III 3751 N.W. 94TH AVE. HOLLYWOOD FL 33024	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: _____ NOTE: Registered Agent signature required for filing. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	☐ Change ☐ Addition
12 NAME	JOHNSON, EARL III	12 NAME	
13 STREET ADDRESS	3751 NW 94TH AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	~~RILEY, DON~~	22 NAME	
23 STREET ADDRESS	~~9271 NW 24TH PLACE~~	23 STREET ADDRESS	
24 CITY ST ZIP	~~PEMBROKE PINES FL~~	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	☐ Change ☐ Addition
32 NAME	~~LAUDERDALE, BRUCE~~	32 NAME	
33 STREET ADDRESS	~~4311 SW 32 STREET~~	33 STREET ADDRESS	
34 CITY ST ZIP	~~FT. LAUDERDALE FL~~	34 CITY ST ZIP	
41 TITLE	D	41 TITLE	☐ Change ☐ Addition
42 NAME	JOJNSON, ANNITA	42 NAME	
43 STREET ADDRESS	3751 NW 94 AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	HOLLYWOOD FL 33024	44 CITY ST ZIP	
51 TITLE	D.	51 TITLE	☐ Change ☐ Addition
52 NAME	Raymond McFarlane	52 NAME	
53 STREET ADDRESS	6691 Peters Rd	53 STREET ADDRESS	
54 CITY ST ZIP	Plantation, FL 33317	54 CITY ST ZIP	
61 TITLE	D.	61 TITLE	☐ Change ☐ Addition
62 NAME	Burch Hertz	62 NAME	
63 STREET ADDRESS	4848 S.W. 103 Ave.	63 STREET ADDRESS	
64 CITY ST ZIP	Cooper City, FL 33328	64 CITY ST ZIP	

PERMITTED BY LAW

14. I do hereby certify that the information supplied with this report 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 on and in 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 above, or on an attachment with an address.

SIGNATURE: _____ 6-1-95 — 305-437-8116

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

0005636

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 [illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701950 (8)

1. Corporation Name
WATERVIEW LODGE INC

Principal Place of Business
301 E. MCNAB ROAD
301 E. MCNAB RD.
POMPANO BEACH FL 33060-6352

Mailing Address
301 E. MCNAB ROAD
301 E. MCNAB RD.
POMPANO BEACH FL 33060-6352

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1961
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1141707 — 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

~~WATERVIEW LODGE INC.~~
~~301 E. MCNAB RD.~~
~~POMPANO BEACH FL 33060~~

BECKER + POLIAKOFF HAS BEEN AGENT FOR YEARS

10. Name and Address of New Registered Agent

81 Name: BECKER + POLIAKOFF
82 Street Address (P.O. Box Number is Not Acceptable): 3111 STIRLING RD.
83 FT LAUDERDALE
84 City — FL — 85 Zip Code 33312

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] DATE 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	P D
NAME	GABRILOWITZ, WILLIAM
STREET ADDRESS	111 BRINY AVE. 2608
CITY ST ZIP	POMPANO BEACH FL
TITLE	T D
NAME	GABRILOWITZ, ANN
STREET ADDRESS	111 BRINY AVE. 2608
CITY ST ZIP	POMPANO BEACH FL
TITLE	S
NAME	MAGNOLIA, FRANK
STREET ADDRESS	2551 W. GULF BLVD.
CITY ST ZIP	POMPANO BEACH FL
TITLE	VP D
NAME	MOORE, WALTER J
STREET ADDRESS	136C
CITY ST ZIP	POMPANO BEACH FL
TITLE	D
NAME	PETRELLA, MARY
STREET ADDRESS	301 E MCNAB RD APT 212
CITY ST ZIP	POMPANO BCH FL
TITLE	
NAME	
STREET ADDRESS	AP 7/25
CITY ST ZIP	Late Fee waived

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	1000001547741 -07/27/95--01059--025 ****130.00 ****130.00	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	Error in address 301 E. McNAB RD. APT 111	☒ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	WALTER MOORE III 301 E MCNAB RD, 103 POMPANO BEACH FL 33060	☒ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	Ann Gabrilowitz gave authorization by phone on July 25 to add "D" to officer titles. AP 7/25	☐ Change ☐ 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(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Gabrilowitz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-21-95 Date — 305 755-3187 Daytime Phone #