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NONPROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 711308 (7)

1. Corporation Name
JOHNSON CONTROLS WORLD SERVICES INC, ONE DONATIO N CLUB

REINSTATEMENT 96 CR

Principal Place of Business	Mailing Address
~~7315 N. ATLANTIC AVE (CAPE CANAVERAL FL)~~ ~~P.O. BOX 1601~~ ~~COCOA BEACH FL 32931~~	~~7315 N. ATLANTIC AVE (CAPE CANAVERAL FL)~~ ~~P.O. BOX 1601~~ ~~COCOA BEACH FL 32931~~

3. Date Incorporated or Qualified: 08/05/1966
3a. Date of Last Reinstatement: 05/31/1995

2. Principal Place of Business	2a. Mailing Address
21 7315 N. ATLANTIC AVE.	26 P.O. BOX 1489
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAPE CANAVERAL, FL	City & State 28 CAPE CANAVERAL, FL
Zip 24 32920 Country 25	Zip 29 32920 Country 30

4. FEI Number: 59-6194487 ☐ 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	10. Name and Address of New Registered Agent
~~W.D. ADAMS, VP AND GC~~ ~~7315 N ATLANTIC AVE~~ ~~CAPE CANAVERAL FL 32920~~	81 Name: JAMES L. BROWN 82 Street Address (P.O. Box Number is Not Acceptable): JOHNSON CONTROLS WORLD SERVICES 83: 7315 N. ATLANTIC AVE. 84 City: CAPE CANAVERAL FL 85 Zip Code: 32920

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

X SIGNATURE: James L. Brown JAMES L. BROWN 11/14/96
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	S	☒ DELETE	1.1 TITLE	~~P/D~~ CD
NAME	COBURN, SHERRY		1.2 NAME	Dean, Charles R.
STREET ADDRESS	4100 JAMES RD.		1.3 STREET ADDRESS	220 Sargent Avenue
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	Oak Hill FL 32759
TITLE	PD	☒ DELETE	2.1 TITLE	~~T/D~~ TD
NAME	LOY, DEBBIE		2.2 NAME	Hopstock, Alice
STREET ADDRESS	280 MARLIN DR		2.3 STREET ADDRESS	1520 Bream Street
CITY-ST-ZIP	MERRITT ISLD FL		2.4 CITY-ST-ZIP	Merritt Island FL 32952
TITLE	TD	☒ DELETE	3.1 TITLE	~~V/D~~ VD
NAME	FLOWERS, SHIRLEYY		3.2 NAME	Bellamy, Rebecca L.
STREET ADDRESS	516 BAHAMA DR		3.3 STREET ADDRESS	P.O. Box 55
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL		3.4 CITY-ST-ZIP	Oak Hill FL 32759-0055
TITLE	D	☒ DELETE	4.1 TITLE	~~D~~ 200002019
NAME	HOLLOWAY, CINDY		4.2 NAME	~~Crosby, David M 12/04/96--01097--010~~
STREET ADDRESS	44-A WOODLAND AVE		4.3 STREET ADDRESS	~~2540 Cherrywood~~ ****236.25
CITY-ST-ZIP	COCOA BEACH FL		4.4 CITY-ST-ZIP	~~Titusville FL 32780~~
TITLE	D	☒ DELETE	5.1 TITLE	~~D~~ ☐ Change
NAME	AHMAY, HOLLY S		5.2 NAME	~~Sellars, Robert~~
STREET ADDRESS	225 S TROPICAL TR #124		5.3 STREET ADDRESS	~~116 Briarwood Lane~~
CITY-ST-ZIP	MERRITT ISLAND FL 32952		5.4 CITY-ST-ZIP	~~Cocoa FL 32926~~
TITLE	D	☒ DELETE	6.1 TITLE	SD
NAME	HARTNETT, MIKE		6.2 NAME	COBURN, SHERRY
STREET ADDRESS	280 MARLIN DR		6.3 STREET ADDRESS	4100 JAMES RD.
CITY-ST-ZIP	MERRITT ISLD FL		6.4 CITY-ST-ZIP	COCOA, FL 32923

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: Alice Hopstock Alice Hopstock 9/12/96 407 853-6861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #