

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:17

DOCUMENT # 711308 (7)

1. Corporation Name

**JOHNSON CONTROLS WORLD SERVICES INC. ONE DONATIO
N CLUB**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1966

3a. Date of Last Report

04/05/1994

4. FEI Number

59-6194487

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

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

**W.D. ADAMS, VP AND GC
7315 N ATLANTIC AVE
CAPE CANAVERAL FL 32920**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
COBURN, SHERRY
4100 JAMES RD.
COCOA FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HARTNETT, DEBBIE
280 MARLIN DR
MERRITT ISLD FL 32952**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**PD
LOY, DEBBIE
280 Marlin Dr.
Merritt Island, FL 32952**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
SYLVESTER, DONALD
PO BOX 2152 N/A
COCOA FL 32923-2152**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

**TD
FLOWERS, SHIRLEY
516 Bahama Dr.
Indian Harbour Beach, FL 32937**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOLLOWAY, CINDY
44-A WOODLAND AVE
COCOA BEACH FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AHMAY, HOLLY S
225 S TROPICAL TR #124
MERRITT ISLAND FL 32952**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
HARTNETT, MIKE
280 MARLIN DR
MERRITT ISLD FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

D

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

SIGNATURE: Shirley Flowers Shirley Flowers

5/24/95

407-853-9327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

711308

D Addition
STOCKY, DAVID A
2540 Cherrywood Lane
Titusville, FL 32780

D Addition
RILEY, DEANNA
235 Perth Ave.
Merritt Island, FL 32953

D Addition
BURKETT, KEN
2530 Folsom Rd.
Mims, FL 32754

VD
STREET, CHARLIE
5350 Holden Rd.
Cocoa, FL 32927

D Addition
ALLISON, KATHY
2945 Teakwood St.
Titusville, FL 32780