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

DOCUMENT # 712041 (3)

1. Corporation Name

THE FIRST CHURCH OF THE NAZARENE OF PINELLAS PARK, INC.

Principal Place of Business
6565 78TH AVENUE NORTH
PINELLAS PARK FL 34665

Mailing Address
~~PO BOX 2350~~
PINELLAS PARK FL 34664
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1966
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2209139 — Applied For / Not Applicable

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 6565 80th Ave. N.
27 Suite, Apt. #, etc.
28 City & State: Pinellas Park FL
29 Zip: 34665
30 Country: USA

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

~~LEWIS, REV, ROBERT D~~
6550 80TH AVE N
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name: Shuey, Rev. Mark R.
82 Street Address (P.O. Box Number is Not Acceptable): 6550 80th Ave. N.
83
84 City: Pinellas Park
FL
85 Zip Code: 34665

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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: Rev Mark R Shuey — Mark R Shuey — April 22, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	SD	TITLE	PD President [ ] Change [x] Addition
NAME	DAVIES, HAROLD G	NAME	Shuey, Mark R.
STREET ADDRESS	3880 50TH AVE NO	STREET ADDRESS	6550 80th Ave N.
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	Pinellas Park, FL 34665
TITLE	TD	TITLE	[ ] Change [ ] Addition
NAME	HATCHER, CHARLENE	NAME	
STREET ADDRESS	5340 75 ST. N.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Rev Mark R Shuey — Mark R Shuey — April 22, 1995 — 813-544-3608

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

0067873

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

APPROVED AND FILED

DOCUMENT # **712724** **(4)**

1. Corporation Name

EVANGELICAL PENTECOSTAL CHURCH AND REFUGEE CENTE R, INC.

Principal Place of Business	Mailing Address
90 N.W. 27TH AVENUE MIAMI FL 33125-5112	90 N.W. 27TH AVENUE MIAMI FL 33125-5112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1967
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2096779 ☐ 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

GARRIDO,ROBERTO
90 N.W. 27TH AVENUE
MIAMI FL 33135

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARRIDO, ROBERT
STREET ADDRESS	1390 NW 29 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	SAAVEDRA, PEDRO
STREET ADDRESS	3944 NW 4 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	MARTINEZ, ROGELIO
STREET ADDRESS	900 SW 27 AVE., #102
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	VALDEZ, JUAN
STREET ADDRESS	1390 NW 29 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE		☐ Change ☐ Addition
1-2 NAME		
1-3 STREET ADDRESS		
1-4 CITY-ST-ZIP		
2-1 TITLE		☐ Change ☐ Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		☐ Change ☐ Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		☐ Change ☐ Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		☐ Change ☐ Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		☐ Change ☐ Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO M. GARRIDO

Date: 5-15-95 Daytime Phone: 642-1054

0040955

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

APPROVED AND FILED

DOCUMENT # 715247 (3)

1. Corporation Name

ROYAL LAUDERDALE LANDINGS, INC.

Principal Place of Business	Mailing Address
5100 BAYVIEW DRIVE FT. LAUDERDALE FL 33308	5100 BAYVIEW DRIVE FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1968
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1312904 — Applied For / Not Applicable

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

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

WEBB, ERLENE
5100 BAYVIEW DR, APT 306
FT. LAUDERDALE FL 33308

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	TAYLOR, MARGARET	NAME	
STREET ADDRESS	5100 BAYVIEW DR #502	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	
TITLE	SD	TITLE	D — XX Change ☐ Addition
NAME	TANSEY, JAN	NAME	William Haddow
STREET ADDRESS	5100 BAYVIEW DR, #304	STREET ADDRESS	5100 Bayview Drive #503
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	VD	TITLE	D — ☐ Change XX Addition
NAME	FINNEGAN, KEVIN	NAME	Robert Conner
STREET ADDRESS	5100 BAYVIEW DR #106	STREET ADDRESS	5100 Bayview Drive #201
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	Ft. Lauderdale, Florida 33308
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MUNDY, ELLWOOD	NAME	
STREET ADDRESS	5100 BAYVIEW DRIVE #204	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	WEBB, ERLENE	NAME	
STREET ADDRESS	5100 BAYVIEW DRIVE #306	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	
TITLE	D	TITLE	SD — X Change ☐ Addition
NAME	TAYLOR, ELLA	NAME	Ella Taylor
STREET ADDRESS	5100 BAYVIEW DRIVE #203	STREET ADDRESS	5100 Bayview Drive #203
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	Ft. Lauderdale, FL 33308

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(1)(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: M. Erlene Webb M. ERLENE Webb 5/15/95 (305) 772-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045691

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 715303 (4)

1. Corporation Name

NATIONAL CHRISTIAN CHURCH, INC.

Principal Place of Business
RT 19 (6 MILES SOUTH OF SALT SPRINGS)
P.O. BOX 1839
OCALA FL 32670

Mailing Address
RT 19 (6 MILES SOUTH OF SALT SPRINGS)
P.O. BOX 1839
OCALA FL 32670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — 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 ~~RT. 19 6 MI. S. SALT SPGS.~~
21 9740 N.E. 306th CT.
22 Suite, Apt #, etc ~~FT. Mc COY~~
23 City & State: FT. Mc COY, FLA.
24 Zip: 32134
25 Country: MARION

2a. Mailing Address
26 9740 N.E. 306th CT.
27 Suite, Apt #, etc
28 City & State: FT. Mc COY, FLA.
29 Zip: 32134
30 Country: MARION

9. Name and Address of Current Registered Agent

POTITO, OREN F
RT 19, (6 MILES SO OF SALT SPRINGS ON
STATE ROAD 19)
CITRA FL 32670

10. Name and Address of New Registered Agent

81 Name: HELEN M. POTITO
82 Street Address (P.O. Box Number is Not Acceptable): 9740 N.E. 306TH CT.
83
84 City: FT. Mc COY FL 85 Zip Code: 32134

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: Helen M. Potito – HELEN M. POTITO – PRESIDENT 5/5/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	TITLE	PD	☑ Change ☐ Addition
NAME	POTITO, OREN F	NAME	HELEN M. POTITO	
STREET ADDRESS	RT 19	STREET ADDRESS	9740 N.E. 306TH CT.	
CITY-ST-ZIP	CITRA FL	CITY-ST-ZIP	FT. Mc COY, FLA 32134	
TITLE	VD	TITLE	VD	☑ Change ☐ Addition
NAME	PAQUIN, JANE T.	NAME	GEORGE F. GRAVES	
STREET ADDRESS	4300 22ND ST, NORTM	STREET ADDRESS	RT. 5 BOX 400	
CITY-ST-ZIP	ST. PERERSBURG FL	CITY-ST-ZIP	SILVER SPRINGS, FLA. 32688	
TITLE	STD	TITLE	STD	☑ Change ☐ Addition
NAME	POTITO, HELEN M.	NAME	JENNIFER J. BARE	
STREET ADDRESS	ROUTE 19	STREET ADDRESS	2811 S.E. 17th ST.	
CITY-ST-ZIP	CITRA FL	CITY-ST-ZIP	OCALA, FLA. 34471	
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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(1)(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: Helen M. Potito – HELEN M. POTITO 5/15/95 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0065567