FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT-



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

1996

720106

(4)

WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provision or registered agent or be familiar with another lot signature. Typed or signature. Typed or 12.	Country Country Management Address of Current Re Country Count	Mailing Address 17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 egistered Agent	Country 30 81 Name 5 82 Street A 83	3. Date Incorporated or Qualified 01/22/1971 05/01/1995 4. FEI Number Applied Not Applied Fee Required 5. Certificate of Status Desired S8.75 Addition Fee Required 6. Election Campaign Financing Added to Fee Required 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. DENN'S P. Dickson ddress (P.O. Box Number is Not Acceptable)
17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-8589 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provision or negistered agent, by by familia, with, and shocked signature. Signature, typed or 12. Signature, typed or 12.	Country Country Management Address of Current Re Country Count	17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30 81 Name 5 82 Street A 83	01/22/1971 05/01/1995 4. FEI Number 59-1141825
Suite, Apt. #, etc. City & State Zip 9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provisior or registered agent or be familiar with, another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or or r	Country 5 2 nd Address of Current Re H 33030	Suite, Apt. #, etc. 27 City & State Zip Zip	81 Name 5 82 Street A 83	01/22/1971 05/01/1995 4. FEI Number 59-1141825
Suite, Apt. #, etc. City & State Zip 9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provisior or registered agent or be familiar with, another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or be familiar with another leading to the provision or registered agent or or r	Country 5 2 nd Address of Current Re H 33030	Suite, Apt. #, etc. 27 City & State Zip Zip	81 Name 5 82 Street A 83	59-1141825 Not Appli 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. Denn's P. Dickson Indicate the contribution of
Suite, Apt. #, etc. City & State Zip 9. Name a WHEELER, JOSEPH 1536 NW & AVE. HOMESTEAD FL. FL 11. Pursuant to the provision or negistered agent or be familiar with, and tacket of signature, typed or signature, typed or 12.	Country 5 2 nd Address of Current Re H 33030	Suite, Apt. #, etc. 27 City & State 28 Zip 29	81 Name 5 82 Street A 83	5. Certificate of Status Desired S8.75 Addition Fee Required 6. Election Campaign Financing S5.00 May E Added to Fee 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. DENN'S P. Dickson Indicates (P.O. Box Number is Not Acceptable).
City & State Zip 2 9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provisior or registered agent or be familiate with another to the provision or registered agent or be familiate. Signature, typed or 12.	Country 5 2 nd Address of Current Re H 33030	27 City & State 28 Zip 29	81 Name 5 82 Street A 83	Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes 10. Name and Address of New Registered Agent DR. DENN'S P. Dickson Indicate of Status Desired Fee Required Added to Fee Added to Fee Added to Fee Yes No No 10. Name and Address of New Registered Agent DR. DENN'S P. Dickson Indicate of Status Desired Fee Required Fee Required Fee Required Added to Fee Provide This Company Company Address (P.O. Box Number is Not Acceptable)
9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provisior or rigistered agent or be familiar with another local color. Signature. typed or 12.	Country 5 2 nd Address of Current Re H 33030 as of Sections 617, 2582 and oth, in the State of Morroy	Zip 29	81 Name 5 82 Street A 83	Trust Fund Contribution Added to Fee 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. DENNIS P. Dickson ddress (P.O. Box Number is Not Acceptable).
9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provision or registered agent or be familia, with another both of the military with another by the signalure, typed or	Country 5 2 nd Address of Current Re H 33030 as of Sections 617, 2582 and oth, in the State of Morroy	Zip 29	81 Name 5 82 Street A 83	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. Dennis P. Dickson ddress (P.O. Box Number is Not Acceptable).
9. Name a WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provision or registered agent or be familiar with another both signature. Typed or 12.	nd Address of Current Re H 33030 as of Sections 617 1082 and oth, by the State of Norton	·	81 Name 5 82 Street A 83	Florida Statutes Yes No 10. Name and Address of New Registered Agent DR. DENN'S P. Dickson ddress (P.O. Box Number is Not Acceptable).
WHEELER, JOSEPH 1536 NW 8 AVE. HOMESTEAD FL. FL 11. Pulsuant to the provision or registered agent or be familiar with another lot signature. Typed or signature. Typed or 12.	H 33030 as of Sections 617 10082 and oth, in the State of Norice	egistered Agent	82 Street A 83	DR. Denn's P. Dickson Iddress (P.O. Box Number is Not Acceptable),
1. Pulsuant to the provisior or registered agent or to familiar with another or Signature. Typed or 12.	33030 ns of Sections 617, 0562 and oth, by the State of Norice		82 Street A 83	ddress (P.O. Box Number is Not Acceptable)
1. PU suant to the provisior or registered agent or the modern or registered agent or the miles with another or the signature. Signature, typed or 12.	33030 ns of Sections 617, 0562 and oth, by the State of Norice		83	
HOMESTEAD FL. FL 1. Pulsuant to the provisior or registered agent by be familial with, and trought SIGNATURE Signature, typed or 12.	ns of Sections 617, 1582 and oth, in the State of Morio.		83	
Pulsuant to the provisior or registered agent or be familial with, and tradeport SIGNATURE Signature, typed or	ns of Sections 617, 1582 and oth, in the State of Morio.		84 City #	
or registered agent or befamilies with, and product solid to the signature, typed or control of the signature. The signature is signature. The signature is signat	ns of Sections 617, 1982 and oth, in the State of Norice.			- 85 Zip Code
or registered agent or befamiliar with, and problem of the second of the	ns of Sections 617,19582 and oth, in the State of Norice.			70/MES 1640 FL 330;
IGNATURE Signature, typed or 2. ILE PD		1317.1508, Florida Statuti Such change was authoriz	es, the above-named cor ed by the corporation's b	poration submits this statement for the purpose of changing its registered poard of directors. I hereby accept the appointment as registered agent. I
Signalure, typed or 2.	the obligations of, Section 6	611.0603, Florida Statutes		Dickson Astor Chairman of Board of Die
2.	printed name of registered agent and ti		TE Registered Agent signature rec	quired whon reinstalfig) 1-17-16 DATE
	OFFICERS AND DI	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
		DELETE	1.1 TITLE	DEACON - CHAIRMAN Change KAd
	R, JOSEPH		1.2 NAME	RON CLARK
TREET ADDRESS 1536 NW			1.3 STREET ADORESS	28761, 3W 164 AVE. Homestead, FLA. 33030
ITY-ST-ZIP HUMESTI	EAD FL.	DELETE	2 1 TITLE	Deacen Change Ad
AME LOGAN, I	FRANK M	_	2.2 NAME	USA D FEARING
	IORTH LIBERTY AVE.		2.3 STREET ADDRESS	245 NW 12 UST
ITY-ST-ZIP HOMEST	EAD FL.		2 4 CITY-ST-ZIP	HOWENERD LAI 22020
ITLE D	Mari 4	DELETE	3.1 TITLE D	RICK TRENDOLM
AME INGRAM,			3 2 NAME	14840 NARANJA LAKES
	W. 157 AVE. EAD FL 33031		3 3 STREET ADDRESS 3 4. CITY-ST-ZIP_	14840 NARANJA LAKES Homestead, FLA 33030
ITY-ST-ZIP HOMESTI	E-10 1 E 00001	DELETE	41 TITLE FP	PASTUR CHAIRMAN of Bac De Change AA
AAME DONE, D	ON	_	4. 2 NAME	PASTUR, Chairman of Blog Dic Change And DR. Dennis & Dickson 16901, 5W 296 St.
STREET ADDRESS 121 NE 1			4.3 STREET ADDRESS	16901, 5W 296 St.
HOMEST	EAD FL		4.4 CITY-ST-ZIP	HOMESTEAD FLA 33630
ITLE		DELETE	5.1 TITLE	Change Ad
IAME			5.2 NAME	700001732557 -03/05/36 -01048026
TREET ADDRESS			5.3 STREET ADDRESS	_U3/05/26 -01048026 *
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	*** <u>\$61_25</u> □ Change □ Ad
TITLE NAME			6.2 NAME	
TREET ADDRESS			6.3 STREET ADDRESS	7 7 4
CITY-ST-7IP	\times \	·	6.4 CITY-ST-ZIP	\mathcal{H}
14. I do hereby certify that the	nd information supplied with	this Ning is voluntarily furr	nished and does not qual	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I funt curate and that my signature shall have the same legal effect as if made u e this report as required by Chapter 617, Florida Statutes; and that my na

DR. Denvis P. Dickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR