

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

APPROVED
AND
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MAY - 1 1994 9:34

CLERK OF DISTRICT
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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Office of the Secretary of State

DOCUMENT # 728020 (9)
1. Corporation Name
ANNOINTED OF GOD PATHFINDERS OF ELIJAH, INCORPORATED

Principal Place of Business Mailing Address
1611 4TH ST SOUTH
ST PETERSBURG FL 33701
US
BIG BAYOU STATION
P O BOX 54742
ST PETERSBURG FL 33739

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
11/14/1973 04/28/1994
4. FEI Number Applied For
85-0353118 Not Applicable
5. Certificate of Status Document ☒ \$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 § 199.005, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WESSELHOEFT HENRY JOHN STAFF GEN
1611 4TH ST SOUTH
ST. PETERSBURG FL 33701
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: Gen. Henry John Wesselhoeft Date: 4/28/95

12. OFFICERS AND DIRECTORS 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE C 1.1 TITLE ☐ Change ☐ Addition
2. NAME FARRELL, BOBBY, GENERAL 1.2 NAME
3. STREET ADDRESS 1826 POPLAR LANE S.W. 1.3 STREET ADDRESS
4. CITY, ST, ZIP ALBUQUERQUE NM 1.4 CITY, ST, ZIP
5. TITLE P 2.1 TITLE ☐ Change ☐ Addition
6. NAME WESSELHOEFT, H. J., GEN. 2.2 NAME
7. STREET ADDRESS 1611 4TH ST. S., STE. P 2.3 STREET ADDRESS
8. CITY, ST, ZIP ST. PETERSBURG FL 2.4 CITY, ST, ZIP
9. TITLE VD 3.1 TITLE ☐ Change ☐ Addition
10. NAME BURKART, R. P., GENERAL 3.2 NAME
11. STREET ADDRESS 4713 49TH AVENUE N. 3.3 STREET ADDRESS
12. CITY, ST, ZIP ST. PETERSBURG FL 3.4 CITY, ST, ZIP
13. TITLE STD 4.1 TITLE ☐ Change ☐ Addition
14. NAME MAXON, TAMMY, COLONEL 4.2 NAME
15. STREET ADDRESS 2163 ALICIA DR., A 4.3 STREET ADDRESS
16. CITY, ST, ZIP CLEARWATER FL 4.4 CITY, ST, ZIP
17. TITLE D 5.1 TITLE ☐ Change ☐ Addition
18. NAME SHAMS-AVARI, PETER K MAJ 5.2 NAME
19. STREET ADDRESS 108 HILLMAN 5.3 STREET ADDRESS
20. CITY, ST, ZIP BELEN NM 5.4 CITY, ST, ZIP
21. TITLE D 6.1 TITLE ☐ Change ☐ Addition
22. NAME CUNNINGHAM, LOIS T. GEN. 6.2 NAME
23. STREET ADDRESS 10200 CORRALES RD NW 6.3 STREET ADDRESS
24. CITY, ST, ZIP ALBUQUERQUE NM 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 190.02(3)(b), 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: HENRY JOHN WESSELHOEFT Date: 4/28/95 (813) 823-1276
Signature and typed or printed name of signing officer or director

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
CONSUMER SERVICE CENTER

RECEIVED
MAY 1 1995
TALLAHASSEE, FLORIDA

DOCUMENT # 728047 (2)

1. Corporation Name

PROJECT HOME, INC.

RECEIVED
MAY 1 1995
TALLAHASSEE, FLORIDA

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MAY 1 1995
TALLAHASSEE, FLORIDA

Principal Place of Business

1055 HORIZON ST
WINTER GARDEN FL 34787

Mailing Address

POST OFFICE BOX 482622
LEESBURG FL 34749-2622
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1974
3a. Date of Last Report 05/01/1994
4. FEI Number 23-7329928
Applied For Not Applicable

2. Principal Place of Business

21 12 San Remo Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 482622
Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

City & State

23 Leesburg, Fl.

City & State

28 Leesburg, Fl.

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

24 34748 25 Lake

29 34749-2622 30 Lake

8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, GILBERT L.
12 SAN REMO DRIVE
LEESBURG FL 34748

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: *Sandra B. Mathum*

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE VD
2. NAME NELSON, JOHN
3. STREET ADDRESS 1055 HORIZON STREET
4. CITY, ST, ZIP WINTER GARDEN FL
1. TITLE ST
2. NAME LEWIS, GILBERT
3. STREET ADDRESS 12 SAN REMO DRIVE
4. CITY, ST, ZIP LEESBURG FL
1. TITLE PD
2. NAME MCCOY, JOHN F.
3. STREET ADDRESS 4907 28TH AVENUE, EAST
4. CITY, ST, ZIP PALMETTO FL
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

1. TITLE VD ☒ Change ☐ Addition
2. NAME Lewis, Sandra L.
3. STREET ADDRESS 12 San Remo Dr.
4. CITY, ST, ZIP Leesburg, FL. 34748
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the description stated in Sections 119.07(3)(b), 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 receive the report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert L. Lewis

4/28/95 904-826-2884