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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

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|---|---|---|--|---|--|-------------------------------------|--|
| Principal Place | e of Business | Mailing Address | | | T HERBIT HARBIT LINES HINDS HARRY I | | F BROWN DIBWY DIBWY 1905 |
| ROUTE 4. BOX 900 HAVANA FL 32333 | | ROUTE 4. BOX 900 HAVANA FL 32333 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 03/21/1975 | | Last Report)3/1995 |
| 2. Principal Pla 21 | lace of Business | 2a. Mailing Address | | | 4. FEI Number | OZIC | Applied For |
| Suite, Apt | #, etc. | 26 | · | | 59-2935075 | | Not Applicable |
| 22 | | 27 | | | Certificate of Status Desired | 1 1 | 3.75 Additional Fee Required |
| City & State | ₿ | City & State | | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be |
| Ζιρ | Country | Zip | Country | | This corporation has liability for in | | Added to Fees |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes □ No | |
| | 9. Name and Address of C | Current Registered Agent | - 1221 : | | 10. Name and Address of New Re | gistered Agen | t |
| | T1 | | 81 1 | Vame | | | |
| HALL, SI | | | 82 3 | Street Addre | ess (P.O. Box Number is Not Acceptable | 3) | |
| RT 4 BO | | | | | | | |
| HAVANA | FL 32333 | | 83 | | | | |
| | | | 84 (| Dity | | —. 85 | Zip Code |
| 11 Pursuant t | to the provisions of Sections 617 | 7.0502 and 617.1509. Florida Otat. 4 | | | | F-3 | 1 ' |
| | | | s, the above-han d by the corpora | ned corpora tion's board | ation submits this statement for the purpo d of directors. I hereby accept the appoin | ose of changing ntment as regist | its registered office |
| | | | | | 7 +- + + + + + + + + + + + + + + + | co region | orda agont. Fam |
| I Later I Market Walk | th, and accept the obligations of | Section 617.0503, Florida Statutes. | | | y . | _ | |
| SIGNATURE. | 5 Sextion No | 211 - Pastor | | | | -20-9 | 6 |
| SIGNATURE Z | Sexton // Signature typed or printed harrie of registere | 2 Section 617.0505, Florida Statutes. 2 L - Pa S + or ec agent and title if applicable (NOT) | Registered Agent sig | nature required | - Continuating | -20-9 DATE | · |
| SIGNATURE 2 | Sexton // Signature typed or printed harrie of registere | 211 - Pastor | 13. | nature required | when renstating! ADDITIONS/CHANGES TO OFFICE | ERS AND DIRE | CIORS IN 12 |
| SIGNATURE 2 | Signature typed of profiled hance of registere OFFICER PD | Pastorial of 7.0505, Profidal Statutes. Pastor eagert and title if applicable (NOTI | | nature required | - Continuating | DATE | CIORS IN 12 |
| SIGNATURE 2 12. TIFLE NAME | Sexton Signature typed or printed name of registere OFFICER | Pastorial of 7.0505, Profidal Statutes. Pastor eagert and title if applicable (NOTI | 13. 1.1 TITLE 1.2 NAME | | - Continuating | ERS AND DIRE | CIORS IN 12 |
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| SIGNATURE 2 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature typed & printed name of registere OFFICER PD HALL, B. SEXTON RT 4 BOX 155 | Pastorial of 7.0505, Profidal Statutes. Pastor eagert and title if applicable (NOTI | 13. 1.1 TITLE 1.2 NAME | DRESS | - Continuating | ERS AND DIRE | CTORS IN 12 nge Addition |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96

539-5208