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

FILED
95 JUN 23 AM 9:52

DOCUMENT # **738402** **(7)**

1. Corporation Name

SPRINGWOOD VILLAGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 290344 PORT ORANGE FL 32129	P.O. BOX 290344 PORT ORANGE FL 32129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1977
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-1796883 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHARLES WALLACE
151 SWEETGUM LANE
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	~~TD~~ VPD	☒ Change ☐ Addition
NAME	GEORGE CLEVENGER	1.2 NAME	George Clevenger	
STREET ADDRESS	89 MOONSTONE COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	CHARLES WALLACE	2.2 NAME		
STREET ADDRESS	151 SWEETGUM LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PT ORANGE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD/TD	☒ Change ☐ Addition
NAME	DIXON, PHYLLIS	3.2 NAME	Dixon, Phyllis	
STREET ADDRESS	6199 SEQUOIA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rose Clevenger George Clevenger 6/1/95 904-322-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023761

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 2:05

DOCUMENT # 739125 (3)

1. Corporation Name

JAMES H. KNIGHT - POST 10095 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 3, BOX 331 P.O. BOX 643 HILLIARD FL 32046-0643	RT. 3, BOX 331 P.O. BOX 643 HILLIARD FL 32046-0643

3. Date Incorporated or Qualified: 05/20/1977
3a. Date of Last Report: 02/17/1994

4. FEI Number: 23-7078833 ☐ 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 ☒ — FILING FEE IS $61.25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

BROWN, JOHN N.
RT. 2, BOX 1985
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name: LAFORTE, FRANCIS
82 Street Address (P.O. Box Number is Not Acceptable): Rt 4 Box 943
83
84 City: Callahan FL 85 Zip Code: 32011

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Francis Laforte TD — 6-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ARMSTRONG, HARVEY	12 NAME	WINE, DANA	
STREET ADDRESS	219 FIRST AVE, PO BOX 234	13 STREET ADDRESS	#1 WINE DRIVE, PO BOX 368	
CITY-ST-ZIP	CALLAHAN FL	14 CITY-ST-ZIP	HILLIARD, FL 32046	
TITLE	SD	21 TITLE	VD	☒ Change ☐ Addition
NAME	NOBLE, ROD	22 NAME	BROWN, JOHN N.	
STREET ADDRESS	104 PICKET RD, PO BOX 870	23 STREET ADDRESS	RT 2, BOX 1985	
CITY-ST-ZIP	CALLAHAN FL	24 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	BROWN, JOHN N.	32 NAME	LAFORTE, FRANCIS	
STREET ADDRESS	RT. 2 BOX 1985	33 STREET ADDRESS	RT 4 BOX 943	
CITY-ST-ZIP	CALLAHAN FL	34 CITY-ST-ZIP	CALLAHAN, FL 32011	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Francis Laforte TD — 6-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017027

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
[illegible]
DIVISION OF CORPORATIONS
[illegible]

DOCUMENT # **740040** **(1)**

1. Corporation Name
GAINESVILLE CIVIC CHORUS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5205 GAINESVILLE FL 32602-2205	P.O. BOX 5205 GAINESVILLE FL 32602-2205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1779699 ☐ 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 ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

OLIVENBAUM, CARL A
10005 SW 15TH PLACE
GAINESVILLE FL 32607

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carl A Olivenbaum, CARL A OLIVENBAUM, TREASURER, DIRECTOR 6/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	T/D	☒ Change ☐ Addition
NAME	OLIVENBAUM, CARL	12 NAME		
STREET ADDRESS	10005 SW 15TH PL	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	14 CITY-ST-ZIP	32607	
TITLE	P	21 TITLE	D	☒ Change ☐ Addition
NAME	FULTON, CHARLES	22 NAME	TARRIE VAN HORN	
STREET ADDRESS	507 N.W. 39TH RD. #323	23 STREET ADDRESS	3712 NW 49th LANE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	24 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	PURCELL, CAROLE	32 NAME	PATRICIA McGHEE	
STREET ADDRESS	RT 4, BOX 360	33 STREET ADDRESS	715-203 SW 75th St	
CITY-ST-ZIP	ALACHUA FL	34 CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	41 TITLE	P	☒ Change ☐ Addition
NAME	BOEHLEIN, LINDA	42 NAME	PETER BUSHNELL	
STREET ADDRESS	1011 NW 41ST AVE	43 STREET ADDRESS	636 NW 26th AVE, #112	
CITY-ST-ZIP	GAINESVILLE, FL 00000	44 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	V	51 TITLE	P	☒ Change ☐ Addition
NAME	DICKSON, DAVID	52 NAME		
STREET ADDRESS	1026 SW 81ST DR	53 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	32607	
TITLE	D	61 TITLE	V	☒ Change ☐ Addition
NAME	ELLIS, LESLIE	62 NAME		
STREET ADDRESS	PO BOX 1089 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL	64 CITY-ST-ZIP	32640	

CR2E037 (3/95)

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: Carl A Olivenbaum 6/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003100