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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:27

DOCUMENT # 742583 (8)

1. Corporation Name

LOCKWOOD MISSIONARY BAPTIST CHURCH OF ORLANDO, I NC.

Principal Place of Business	Mailing Address
16224 OLD CHENEY HIGHWAY ORLANDO FL 32833-2783	16224 OLD CHENEY HIGHWAY ORLANDO FL 32833-2783

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1978
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3010427 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAVON, WILLIAM
447 EXETER ST.
ORLANDO FL 32820

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PRIEST, JOE	12 NAME	
STREET ADDRESS	455 MCLAIN LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HESTER, BILLY	22 NAME	
STREET ADDRESS	1505 WHITE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	TANNER, JOHN	32 NAME	
STREET ADDRESS	3465 PHILLIPS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CHRISTMAS FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	MAYHLE, JOHN	42 NAME	
STREET ADDRESS	919 SUNFLOWER TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JONES, GENE	52 NAME	
STREET ADDRESS	777 LOCKWOOD DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 Joe Priest / Joe Priest 6/10/95 (407)365-7961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073034

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # 742936 (8)

1. Corporation Name

LAGUNA TRACT ONE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8920 JACARANDA LANE PLANTATION FL 33324	8920 JACARANDA LANE PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: ~~NOT APPLICABLE~~ 65-0499601 ☐ 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 8930 - JACARANDA LANE	26 8930 - JACARANDA LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip 24 33324	Zip 29 33324
County 25	County 30 BROWARD

9. Name and Address of Current Registered Agent

LUCIANI, L
8930 JACARANDA
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: LINDA LUCIANI
82 Street Address (P.O. Box Number is Not Acceptable): 8930 - JACARANDA LANE
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: [signature] 6-17-95
(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	LINDA LUCIANI	☒ Change ☐ Addition
NAME	LYONS, LUCIANI	12 NAME	8930 - JACARANDA LANE	
STREET ADDRESS	8930 JACARANDA LANE	13 STREET ADDRESS	PLANTATION, FL 33324	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, INA	22 NAME		
STREET ADDRESS	8920 JACARANDA LANE	23 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	GRANT, SWET	32 NAME		
STREET ADDRESS	8900 JACARANDA LANE	33 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP		
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		

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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: [signature] 6-17-95 305-475-4446
(Required) SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0010336