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

APPROVED FILED

DOCUMENT # 746342 (5)

1. Corporation Name

JACKSONVILLE YOUTH SOCCER CLUB, INC.

Principal Place of Business: 9850-3 SAN JOSE BLVD, JACKSONVILLE FL 32257

Mailing Address: 9850-3 SAN JOSE BLVD, JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1979	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1911560	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 10991-55 San Jose Blvd	26 10991-55 San Jose Blvd
Suite, Apt. #, etc. 22 Suite # 144	Suite, Apt. #, etc. 27 Suite # 144
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32223 Country 25 U.S.A.	Zip 29 32223 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

WILCOX, HUGH
8997 RUNNYMEADE RD
JACKSONVILLE FL 32257

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	PD ☒ Change ☐ Addition
NAME	MAURER, R.W.	NAME	DONALD GURLEY
STREET ADDRESS	2404 SARAGOSSA AVE.	STREET ADDRESS	7617 Plumwood Dr.
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	ROSSETTI, ED	NAME	
STREET ADDRESS	3373 S. LAUREL GROVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	SD ☒ Change ☐ Addition
NAME	DREWNIANY, MARY BETH	NAME	MICHAEL WEDNER
STREET ADDRESS	3031 FOREST CIR	STREET ADDRESS	4674 Great Wester Lane
CITY-ST-ZIP	JACKSONVILLE FL 32257	CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	WILCOX, HUGH	NAME	
STREET ADDRESS	8997 RUNNYMEANE RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	MORENCY, ROSE	NAME	
STREET ADDRESS	4072 QUARTER HORSE CT	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VD	TITLE	VD ☒ Change ☐ Addition
NAME	VISCARIELLO, RALPH	NAME	Bill Hartnett
STREET ADDRESS	3449 HIDDEN LAKE DR E	STREET ADDRESS	5044 Marble Egret Dr
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	Jacksonville FL 32257

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward J Rossetti — 5-15-95 — 904-768-0680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDWARD J. ROSSETTI

0026708

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APPROVED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **748906** **(5)**

1. Corporation Name

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF ORTHO TISTS AND PROSTHETISTS, INC.

Principal Place of Business	Mailing Address
124 UNDERWOOD ST 1315 SLIGH BOULEVARD ORLANDO FL 32806 US	124 UNDERWOOD ST 1315 SLIGH BOULEVARD ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1979
3a. Date of Last Report: 01/25/1994
4. FEI Number: 58-1850590 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21 1222 ORANGE AVENUE	26 PO BOX 540115
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23 WINTER PARK, FL	City & State 28 ORLANDO, FL
Zip / County 24 32789 / 25 USA	Zip / County 29 32856-0115 / 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PANTON, HUGH J 124 UNDERWOOD ST ORLANDO FL 32806	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1222 ORANGE AVENUE 83 84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Section 607.325, and 607.1505, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	T	TITLE	T/D ☒ Change ☐ Addition
NAME	PANTON, HUGH J	NAME	
STREET ADDRESS	124 UNDERWOOD ST	STREET ADDRESS	1222 ORANGE AVENUE
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	WINTER PARK, FL 32789
TITLE	P	TITLE	DELETE ☐ Change ☐ Addition
NAME	HOOPER, RALPH	NAME	
STREET ADDRESS	124 UNDERWOOD ST	STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	CITY ST ZIP	
TITLE	VP	TITLE	VP ☒ Change ☐ Addition
NAME	ROSS, ALAN S	NAME	MICHAEL R. NIETH
STREET ADDRESS	1812 HILLVIEW ST	STREET ADDRESS	1001 37th ST. NORTH
CITY ST ZIP	SARASOTA FL	CITY ST ZIP	ST PETERSBURG, FL 33713
TITLE	P	TITLE	PE ☒ Change ☐ Addition
NAME	FREDRICK, JOHN	NAME	
STREET ADDRESS	1719 MAHAN DR	STREET ADDRESS	731-A AIRFLET ROAD
CITY ST ZIP	TALLAHASSEE FL	CITY ST ZIP	PANAMA CITY, FL 32405
TITLE	S	TITLE	P/D ☒ Change ☐ Addition
NAME	CARIDEO, JOSEPH F	NAME	
STREET ADDRESS	500 9TH ST., N.	STREET ADDRESS	1201 So HIGHLAND AVE, STE 1C
CITY ST ZIP	ST PETERSBURG FL	CITY ST ZIP	CLEARWATER, FL 34616
		TITLE	S/D ☒ Change ☐ Addition
		NAME	CHARLES F GANO
		STREET ADDRESS	434 GROVE AVE
		CITY ST ZIP	WINTER PARK, FL 32789

14. I/We hereby certify that the information supplied with this report is accurately typewritten 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 complete 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk (*) or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0033823

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
MAY ... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748931** **(3)**

1. Corporation Name

WASHINGTON HEIGHTS LOCAL DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1600 NW 3RD AVE MIAMI FL 33136	1600 NW 3RD AVE MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1979
3a. Date of Last Report: 10/11/1994
4. FEI Number: 59-1938464 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

KNOX, GEORGE F.
25 WEST FLAGLER STREET
PENTHOUSE
MIAMI FL 33130-8712

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, ALVIN
STREET ADDRESS	990 NE 125 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HOLLO, TIBOR
STREET ADDRESS	1600 NW 3RD AVE
CITY-ST-ZIP	MIAMI FL
TITLE	STD
NAME	COX, SIDNEY
STREET ADDRESS	1300 NW 3RD AVE
CITY-ST-ZIP	MIAMI FL
TITLE	ED
NAME	BELL, JACKIE
STREET ADDRESS	1600 N.W. 3RD AVENUE
CITY-ST-ZIP	MIAMI FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank; each block: ☐ Change ☐ Addition)

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: Jackie Bell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACKIE BELL, EXECUTIVE DIRECTOR — Date: 5/2/95 — Daytime Phone: (305) 573-8217

004178

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY 12 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **749787** **(8)**

1. Corporation Name

AUXILIARY OF THE FLORIDA PSYCHIATRIC SOCIETY

Principal Place of Business	Mailing Address
521 EAST PARK AVE. TALLAHASSEE FL 32301-9524	521 EAST PARK AVE. TALLAHASSEE FL 32301-9524

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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 § 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 / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

ADAMS, MARGO S.
521 E. PARK AVE.
TALLAHASSEE FL 32301-9524

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 Section(s) 607.0502 and/or 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(s) 607.0505, Florida Statutes.

SIGNATURE: Margo S. Adams
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS
01 Title	D	☐ Change ☐ Addition
02 Name	KAYAN, SELMA	
03 Street Address	5405 CYPRESS CENTER DR	
04 City-St-Zip	TAMPA FL	
05 Title	D	☐ Change ☐ Addition
06 Name	EKWALL, BONNIE S	
07 Street Address	3380 W LAKESHORE DR	
08 City-St-Zip	TALLAHASSEE FL	
09 Title	PD	☐ Change ☐ Addition
10 Name	REITMAN, SARA	
11 Street Address	6541 E. TROPICAL WAY	
12 City-St-Zip	PLANTATION FL	
13 Title	SD	☐ Change ☐ Addition
14 Name	BRISCOE, LYNDA	
15 Street Address	769 HARBOR ISLAND	
16 City-St-Zip	CLEARWATER FL	
17 Title		☐ Change ☐ Addition
18 Name		
19 Street Address		
20 City-St-Zip		
21 Title		☐ Change ☐ Addition
22 Name		
23 Street Address		
24 City-St-Zip		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Margo S. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95 (305) 733-7202
Date Daytime Phone #

0001831