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 AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748811 (7)

1. Corporation Name

EVANGEL TEMPLE CHURCH OF THE NAZARENE, INC.

Principal Place of Business
4523 LAKE LAWN AVE.
P. O. BOX 585006 (ZIP 32858-5006)
ORLANDO FL 32808

Mailing Address
4523 LAKE LAWN AVE.
P. O. BOX 585006 (ZIP 32858-5006)
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1882831 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / 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

HANDLEY, BRUCE L.
4523 LAKE LAWN AVE.
ORLANDO FL 32808

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	P
NAME	HIRES, ROBERT L
STREET ADDRESS	4116 BRINNELL AVE
CITY ST ZIP	ORLANDO, FL 00000
TITLE	D
NAME	COLEMAN, MARGARET
STREET ADDRESS	4085 NIMONS STREET
CITY ST ZIP	ORLANDO, FL 00000
TITLE	D
NAME	INGRAM, FLORA N
STREET ADDRESS	3721 WILTS STREET
CITY ST ZIP	ORLANDO FL
TITLE	F
NAME	HANDLEY, BRUCE L.
STREET ADDRESS	4523 LAKE LAWN AVE.
CITY ST ZIP	ORLANDO, FL 00000
TITLE	SD
NAME	HANDLEY, CHARLA
STREET ADDRESS	4523 LAKE LAWN AVE.
CITY ST ZIP	ORLANDO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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: Rev. Robert L. Hires *Rev. Robert L. Hires*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
(407) 299-4612
Daytime Phone #

0033035

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 AND FILED

... 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751854 (1)

FLORIDA ASSOCIATION OF ORTHOTISTS AND PROSTHETIS TS,INC.

Principal Place of Business	Mailing Address
124 UNDERWOOD STREET ORLANDO FL 32806 US	124 UNDERWOOD STREET ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1980
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2957068 ☐ 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 1222 ORANGE AVENUE	26 PO BOX 560115
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: WINTER PARK, FL	28 City & State: ORLANDO, FL
24 Zip: 32789 — 25 Country: USA	29 Zip: 32856-0115 — 30 Country: USA

9. Name and Address of Current Registered Agent

PANTON, HUGH J
~~124 UNDERWOOD ST~~
ORLANDO FL 32806

10. Name and Address of New Registered Agent

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 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 ______ (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	P	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	MARTIN, G J	1.2 NAME	ALAN S. ROSS
STREET ADDRESS	250 S. TAMIAMI TRAIL	1.3 STREET ADDRESS	1812 HILLVIEW ST
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	SARASOTA FL 34239
TITLE	SD	2.1 TITLE	PE ☐ Change ☒ Addition
NAME	GANO, CHARLES	2.2 NAME	C. RALPH HOOPER
STREET ADDRESS	434 GROVE AVE	2.3 STREET ADDRESS	124 UNDERWOOD ST
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	T	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	PANTON, HUGH J	3.2 NAME	
STREET ADDRESS	124 UNDERWOOD ST.	3.3 STREET ADDRESS	1222 ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32789
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)(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] HUGH J. PANTON 5-16-95 (407) 740-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033747

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 AND FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754655 (9)

1. Corporation Name

SUN 'N SEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O STEVEN JACOVITZ 43 S. ATLANTIC AVE. COCOA BCH FL 32931 US	C/O STEVEN JACOVITZ 43 S. ATLANTIC AVE. COCOA BCH FL 32931 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2577644 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / 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

JACOVITZ, STEVEN J
43 S. ATLANTIC AVE.
COCOA BEACH FL 32931

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 ______ 5-15-95 DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	RHODES, ERIC
STREET ADDRESS	658 S. ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH FL
TITLE	PTD
NAME	JACOVITZ, STEVEN J
STREET ADDRESS	43 S. ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH FL
TITLE	SD
NAME	SONSINI, KATE
STREET ADDRESS	1712 UNIVERSITY LANE
CITY-ST-ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-15-95 Date — 726-6554 (4-1) Daytime Phone #

0004464

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 AND FILED

[illegible] 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756335** **(6)**

1. Current Name
HOLLYWOOD AREA BOARD OF REALTORS, INC.

Principal Place of Business	Mailing Address
701 PROMENADE DR PEMBROKE PINES FL 33026	701 PROMENADE DR PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/12/1981	04/26/1994

4. FEI Number: 59-0524665 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
[illegible] 24 / 25	[illegible] 29 / 30	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
TERSIGNI, JOAN HOLLYWOOD AREA BOARD OF REALTORS INC 701 PROMENADE DRIVE PEMBROKE PINES FL 33026	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 [illegible] NOTE: Registered Agent signature required when changing DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PRESIDENT	11 TITLE	☒ Change ☐ Addition
NAME	DESANTIS, FEDELE	12 NAME	DESANTIS, FEDELE - PRESIDENT/D N/A
STREET ADDRESS	701 PROMENADE DR.	13 STREET ADDRESS	HOLLYWOOD AREA BOARD OF REALTORS®, INC.
CITY ST ZIP	PEMBROKE PINES FL	14 CITY ST ZIP	701 PROMENADE DR. PEMBROKE PINES, FL 33026
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	ZINKIL, WILLIAM G JR.	22 NAME	JOAN TERSIGNI - VICE PRESIDENT/D N/A
STREET ADDRESS	701 PROMENADE DR	23 STREET ADDRESS	HOLLYWOOD AREA BOARD OF REALTORS®, INC.
CITY ST ZIP	PEMBROKE PINES FL	24 CITY ST ZIP	701 PROMENADE DR. PEMBROKE PINES, FL 33026
TITLE	PP	31 TITLE	☐ Change ☒ Addition
NAME	COSSICK, ROSE M	32 NAME	VICKI A. MINNAUGH - TREASURER/D N/A
STREET ADDRESS	701 PROMENADE DR	33 STREET ADDRESS	701 PROMENADE DR. PEMBROKE PINES, FL
CITY ST ZIP	PEMBROKE PINES FL	34 CITY ST ZIP	33026
TITLE	VP	41 TITLE	☐ Change ☒ Addition
NAME	TERSIGNI, JOAN	42 NAME	PATTILYNN SAUSSER - E.V.P./D N/A
STREET ADDRESS	701 PROMENADE DR	43 STREET ADDRESS	701 PROMENADE DRIVE, PEMBROKE PINES, FL
CITY ST ZIP	PEMBROKE PINES FL	44 CITY ST ZIP	33026
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	

14. I do 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 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] 4-27-95 (305) 431-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038693