# 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 MAR 22 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749994** **(0)**

1. Corporation Name

**TEMPLE OF THE LIVING GOD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 415 E. OLD HIGHWAY 50<br>PO BOX F<br>MINNEOLA FL 34755 | 415 E. OLD HIGHWAY 50<br>PO BOX F<br>MINNEOLA FL 34755 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1979
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2851561 ☐ 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 — 21
2a. Mailing Address — 26: Pc Box 640
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

**9. Name and Address of Current Registered Agent**

ROWLAND-YATES, LOYCE
411 E. OLD HIGHWAY 50 PO BOX F
MINNEOLA FL 32755

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ~~Pc Box 640~~
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
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 | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ROWLAND-YATES, LOYCE | 12 NAME | |
| STREET ADDRESS | 411 E OLD HWY 50 BOX F | 13 STREET ADDRESS | Pc Box 640 |
| CITY-ST-ZIP | MINNEOLA FL | 14 CITY-ST-ZIP | |
| TITLE | VD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SIMMONS, PAULETTE | 22 NAME | |
| STREET ADDRESS | APT 22C GRANDVIEW APTS | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL | 24 CITY-ST-ZIP | |
| TITLE | STD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | DOBSON, SHIRLEY | 32 NAME | |
| STREET ADDRESS | 9012 J UNDERWOOD RD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT 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 | 3/24 |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Mrs Shirley Dobson (Shirley Dobson) 3-17-95 (904) 344-45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073062

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CORPORATION ANNUAL REPORT **1995**

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

**DOCUMENT #** 750034

1. Corporation Name
STONEBRIDGE HOMEOWNER'S ASSOCIATION, INC.
2151 Abbey Road
Winter Haven, Fl 33880-9899 US

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: None
Mailing Address: None

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: Dec 4,1979
3a. Date of Last Report: 3-24-94
4. FEI Number: 55-0113786 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$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: [X] **$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
NANCY CHAFIN, Secretary
2151 Abbey Road
Winter Haven, Fl 33880-9899 US

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03 100001436091 -03/22/95--01034--018 *****70.00 *****70.00
04 City FL 05 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: Nancy Chafin — Secretary — 2/24/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | WOODWORTH, GERALD, PRESIDENT<br>1966 Camelot Ct<br>Winter Haven, Fl 33880 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | WRIGHT, RONALD, PRESIDENT [X] Change [X] Addition<br>1813 Nottingham S.W.<br>Winter Haven,Fl 33880 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MORRIS, JOHN ,Vice President<br>1906 Queens Terrace<br>Winter Haven, Fl 33880 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | CALVIN, LARRY, VP [X] Change [X] Addition<br>1825 Nottingham S.W.<br>Winter Haven, Fl 33880 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY/DIRECTOR<br>CHAFIN, NANCY<br>2151 Abbey Road<br>Winter Haven, Fl 33880 | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | [ ] Change [ ] Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER/ DIRECTOR<br>SALAZAR, BEVERLY<br>2157 Abbey Road<br>Winter Haven, Fl 33880 | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | TREASURER [X] Change [ ] Addition<br>TURNER, GERALDINE<br>1836 Nottingham S.W.<br>Winter Haven, Fl 33880 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>TURNER, JERRI<br>1836 Nottingham SW<br>Winter Haven, Fl 33880 | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | DIRECTOR [X] Change [ ] Addition<br>MORRIS, JOHN<br>1906 Queens Terrace<br>Winter Haven, Fl 33880 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>HAYNES, TERRY<br>1902 Queen's Terrace SW<br>Winter Haven, Fl 33880 | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | [ ] Change [ ] Addition<br>3-15-95 MCF |

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:** Geraldine Turner — Treasurer — 2/24/95 — 813-293-5724
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Geraldine Turner