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 # 756401 (6)

1. Corporation Name

I-75 BAYSHORE ROAD INDUSTRIAL PARK OWNERS' ASSOC IATION, INC.

Principal Place of Business: 6601 BAYSHORE RD. NORTH FT MYERS FL 33917

Mailing Address: 6601 BAYSHORE RD NORTH FT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1981	3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-6016926	☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
22	27	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
23	28	
Zip 24 / Country 25	Zip 29 / Country 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

PRITCHETT, RICHARD H., III
6601 BAYSHORE RD.
NORTH FT MYERS FL 33917

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 IN 12	
TITLE	~~VD~~ NO LONGER PROPERTY OWNER	11 TITLE VD	☒ Change ☐ Addition
NAME	~~ROSS, CHARLES~~	12 NAME	JOHN COLE
STREET ADDRESS	~~19512 LOST CREEK DR.~~	13 STREET ADDRESS	7990 MERCHANTS N.E. ST.
CITY, ST, ZIP	~~FT MYERS, FL 00000~~	14 CITY, ST, ZIP	NORTH FT. MYERS, FLORIDA 33917
TITLE	~~STD~~ DECEASED	21 TITLE STD	☒ Change ☐ Addition
NAME	~~LONG, NANCY C.~~	22 NAME	RALPH FOSTER
STREET ADDRESS	~~RT. 2 BOX 154 WAYZATA CT~~	23 STREET ADDRESS	17460 EAST STREET N.E.
CITY, ST, ZIP	~~N FT. MYERS, FL 0~~	24 CITY, ST, ZIP	NORTH FT. MYERS, FLORIDA 33917
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	PRITCHETT, RICHARD H.III	32 NAME	
STREET ADDRESS	6601 BAYSHORE RD.	33 STREET ADDRESS	
CITY, ST, ZIP	N FT MYERS, FL 00000	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	

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

5/16/95 (Date) 813-543-3134 (Daytime Phone #)

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # **756766** (2)

1. Corporation Name

FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SE RVICES, INCORPORATED

Principal Place of Business	Mailing Address
5009 RIVER LAKE RD WINTER HAVEN FL 33884	5009 RIVER LAKE RD WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1981
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2147483 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 705 Heritage Blvd.	26 705 Heritage Blvd
22 Suite, Apt # etc	27 Suite, Apt # etc
23 City & State: Winter Park, FL	28 City & State: Winter Park, FL
24 Zip: 32792 / 25 Country: Orange	29 Zip: 32792 / 30 Country: Orange

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

HOSKINS, FRAN C.
5009 RIVER LAKE ROAD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: Anita C. Boyd
82 Street Address (P.O. Box Number is Not Acceptable): 705 Heritage Blvd.
83
84 City: Winter Park **FL** 85 Zip Code: 32792

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: *Anita C. Boyd* — Anita C. Boyd, Treasurer — 5/15/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	HORN, CYNTHIA H.	1 2 NAME	
STREET ADDRESS	2100 C. VISION DRIVE	1 3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	1 4 CITY ST ZIP	
TITLE	PED	2 1 TITLE	☐ Change ☐ Addition
NAME	TREADWAY, GENE	2 2 NAME	
STREET ADDRESS	448E. RUBINS DRIVE	2 3 STREET ADDRESS	
CITY ST ZIP	NOKOMIS, FL 34725	2 4 CITY ST ZIP	
TITLE	VD	3 1 TITLE	VD ☐ Change ☐ Addition
NAME	ISENBURG, NANCY	3 2 NAME	Hoskins, Fran C.
STREET ADDRESS	8147 PLAZA GATE LANE	3 3 STREET ADDRESS	5009 River Lake Road
CITY ST ZIP	JACKSONVILLE FL 32217	3 4 CITY ST ZIP	Winter Haven, FL 33884
TITLE	SD	4 1 TITLE	☐ Change ☐ Addition
NAME	PURDUE, JUDY	4 2 NAME	
STREET ADDRESS	225 N.E. 5TH AVE.	4 3 STREET ADDRESS	
CITY ST ZIP	CHIEFLND FL 32626	4 4 CITY ST ZIP	
TITLE	TD	5 1 TITLE	TD ☐ Change ☑ Addition
NAME	HOSKINS, FRAN C .	5 2 NAME	Boyd, Anita C.
STREET ADDRESS	5009 RIVER LAKE ROAD	5 3 STREET ADDRESS	705 Heritage Blvd.
CITY ST ZIP	WINTER HAVEN FL 33884	5 4 CITY ST ZIP	Winter Park, FL 32792
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: *Anita C. Boyd* - Anita C. Boyd, Treasurer - 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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