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 MAR 28 PM 6:34

DOCUMENT # **760179** **(2)**

1. Corporation Name
WEST CITRUS SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
25 N. COUNTRY CLUB DR. CRYSTAL RIVER FL 34429 US	1 WEST WINGED FOOT CT PO BOX 975 HOMOSASSA FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2445681 ☐ 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

MANZOLI, LYNN
25 N. COUNTRY CLUB DR.
CRYSTAL RIVER FL 34429

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
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	PD ☒ Change ☐ Addition
NAME	SCHLEGEL, JAMES	12 NAME	HECKMAN, ROBERT
STREET ADDRESS	5998 W. VIKRE PATH	13 STREET ADDRESS	6714 S. FICHTEN PT.
CITY-ST-ZIP	HOMOSASSA FL	14 CITY-ST-ZIP	HOMOSASSA FL 34446
TITLE	SD	21 TITLE	SD ☒ Change ☐ Addition
NAME	MANZOLI, LYNN	22 NAME	ROOKS, LISA
STREET ADDRESS	25 N. COUNTRY CLUB DR.	23 STREET ADDRESS	2110 S. MELANIE DR.
CITY-ST-ZIP	CRYSTAL RIVER FL	24 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	DACRUZ, SUSAN	32 NAME	CALLAWAY, MICHAEL
STREET ADDRESS	65 BEACH LANE	33 STREET ADDRESS	5636 W. GULF TO LAKE HWY.
CITY-ST-ZIP	CRYSTAL RIVER FL	34 CITY-ST-ZIP	CRYSTAL RIVER FL 34429
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WELLS, TOMMY	42 NAME	
STREET ADDRESS	1 WEST WINGED FOOT CT	43 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	VD ☒ Change ☐ Addition
NAME	VAN OOSTERWYK, DAVE	52 NAME	WELLS, RAYMOND
STREET ADDRESS	106 MCGOWAN AVE., N.	53 STREET ADDRESS	1 WEST WINGED FOOT CT
CITY-ST-ZIP	CRYSTAL RIVER FL	54 CITY-ST-ZIP	HOMOSASSA FL 34446
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: Lynn J. Manzoli Tommy Wells 03-20-95 (904) 382-1819 904-795-1357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 MAR 28 PM 6:23

DOCUMENT # 760192 (5)

1. Corporation Name

BAYWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
174 E. BAYWOOD DR. DAYTONA BEACH FL 32119	C/O ALL FL PROP. MGT. INC. 1301 BEVILLE RD. #21 DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1981
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2350914 ☐ 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) / 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)

9. Name and Address of Current Registered Agent

HEDRICK, DAVID CAM
C/O ALL FLORIDA PROPERTY MANAGEMENT INC.
1301 BEVILLE RD. #21
DAYTONA BEACH FL 32119

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
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	ENNEKING, NANCY	12 NAME	
STREET ADDRESS	174 E. BAYWOOD SQUARE	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MASSO, DONALD	22 NAME	
STREET ADDRESS	317 PINE BREEZE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FLUD, DEBORAH	32 NAME	
STREET ADDRESS	114 E. BAYWOOD SQUARE	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	
TITLE	~~TD~~	41 TITLE	DIRECTOR - Treas ☒ Change ☐ Addition
NAME	~~KALLAY, FRANK~~	42 NAME	Ryan HOSKINS
STREET ADDRESS	~~124 E. BAYWOOD SQ.~~	43 STREET ADDRESS	142 E. BAywood Sq.
CITY ST ZIP	~~DAYTONA BEACH FL~~	44 CITY-ST-ZIP	DAytona BEach, FL 32119
TITLE	~~D~~	51 TITLE	☐ Change ☐ Addition
NAME	~~BROWN, ROBERT~~	52 NAME	
STREET ADDRESS	~~140 E. BAYWOOD SQ.~~	53 STREET ADDRESS	
CITY ST ZIP	~~DAYTONA BEACH FL~~	54 CITY-ST-ZIP	
TITLE	~~D~~	61 TITLE	☐ Change ☐ Addition
NAME	~~BROWNING, MELODYE~~	62 NAME	
STREET ADDRESS	~~154 E BAYWOOD SQUARE~~	63 STREET ADDRESS	
CITY ST ZIP	~~DAYTON BEACH FL~~	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: Nancy Enneking March 1, 1995 904 254 8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nancy ENNEKING

0000467

FILE NOW: Filing Fee $61.25

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 MAR 28 PM 6:30

DOCUMENT # 760193 (3)

1. Corporation Name

LAKE TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1166 PELICAN BAY DR. DAYTONA BEACH FL 32119 US	1166 PELICAN BAY DR. DAYTONA BEACH FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1981
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2740090 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELWITZ, BARBARA J
1166 PELICAN BAY DR.
DAYTONA BCH FL 32119

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
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	LAMBERT, RONALD A	12 NAME	
STREET ADDRESS	164 CEDARWOOD VILLAGE CI	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	JOHNSON, MARJORIE	22 NAME	MARSH, Liz
STREET ADDRESS	164 LAKEWOOD VILLAGE CIR	23 STREET ADDRESS	168 CedarWood Cir.
CITY ST ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DANENHOWER, HANNAH	32 NAME	
STREET ADDRESS	116 OAKWOOD VILLAGE CIR.	33 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GOODMAN, SETH	42 NAME	
STREET ADDRESS	120 OAKWOOD VILLAGE CIR	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FEORE, JOHN	52 NAME	
STREET ADDRESS	148 LAKEWOOD VILLAGE CIRCLE	53 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KEOUGH, STEVE	62 NAME	
STREET ADDRESS	140 CEDARWOOD VILLAGE CIR	63 STREET ADDRESS	
CITY ST ZIP	DAYTONA BEACH FL	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 AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

Ronald Lambert, Pres

Date: 3/21/95

Daytime Phone #: 904-756-3032

000068

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 MAR 28 PM 6:30

DOCUMENT # **760534** **(8)**

1. Corporation Name
FLORIDA GASTROENTEROLOGIC SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540363 OPA-LOCKA FL 33054	P.O. BOX 540363 OPA-LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2437228 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOUCK, WILLIAM T
18126 NW 61ST PLACE
MIAMI FL 33015

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: WILLIAM T. BOUCK — William T Bouck — 3-6-95
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	PD	☒ Change ☐ Addition
NAME	FELLER, EDWARD MD	12 NAME		BARKIN, JAMIE, M.D.
STREET ADDRESS	8525 SW 92 ST, BLDG C-10	13 STREET ADDRESS		4300 ALTON ROAD
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		MIAMI BEACH, FL 33140
TITLE	PED	21 TITLE	PED	☒ Change ☐ Addition
NAME	BARKIN, JAMIE MD	22 NAME		SILLS, MARCIA, M.D.
STREET ADDRESS	4300 ALTON RD	23 STREET ADDRESS		2322 NE 53RD ST
CITY-ST-ZIP	MIAMI BCH FL	24 CITY-ST-ZIP		FT LAUDERDALE, FL
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SILLS, MARCIA MD	32 NAME		PARDOLL, PETER, M.D.
STREET ADDRESS	2322 NE 53RD ST	33 STREET ADDRESS		1609 PASADENA AVE SO #3-M
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		ST PETERSBURG, FL 33707
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	NORD, H JUERGEN MD	42 NAME		
STREET ADDRESS	4 COLUMBIA DR #830	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	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: F. Juergen Nord, M.D. JUERGEN H. NORD, M.D. 2/13/95 305-687-1367
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

000348

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 MAR 28 PM 6:18

DOCUMENT # 760737 (7)

1. Corporation Name
HOLIDAY PINES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5804A INDIAN PINES BLVD FT. PIERCE FL 34951-2302	5804A INDIAN PINES BLVD FT. PIERCE FL 34951-2302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2212915 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THOMAS, DIXON
5206 EAGLE DR.
FORT PIERCE FL 34951

10. Name and Address of New Registered Agent

31 Name: Ben L. Bryan, Jr.
32 Street Address (P.O. Box Number is Not Acceptable): 401 S. Indian River Drive
33
34 City: Fort Pierce, FL. FL 35 Zip Code: 34950

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: Ben L. Bryan Jr. 3-22-95
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	VTD	11 TITLE	VTD	XX Change ☐ Addition
NAME	RUSSELL, EDWARD	12 NAME	Edward Bettiol	
STREET ADDRESS	5207 ECHO PINES CIR. EAST	13 STREET ADDRESS	5102 Eagle Drive	
CITY-ST-ZIP	FT. PIERCE FL 34951-2327	14 CITY-ST-ZIP	Ft. Pierce, FL. 34951-2327	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	HAAG, NORMAN	22 NAME		
STREET ADDRESS	5404 ECHO PINES CIR. WEST	23 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34951-2327	24 CITY-ST-ZIP		
TITLE	VCD	31 TITLE	VCD	XX Change ☐ Addition
NAME	BECKLEY, THOMAS	32 NAME	Russell, Edward	
STREET ADDRESS	5713 PALEO PINES CIR.	33 STREET ADDRESS	5207 Echo Pines Circle East	
CITY-ST-ZIP	FT. PIERCE FL 34951-2327	34 CITY-ST-ZIP	Ft. Pierce, FL. 34951-2327	
TITLE	CD	41 TITLE		☐ Change ☐ Addition
NAME	BANGERT, ROBERT	42 NAME		
STREET ADDRESS	5608 EAGLE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34951-2327	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	SD	XX Change ☐ Addition
NAME	REINHART, JOYCE	52 NAME	Romanos, Grace	
STREET ADDRESS	5302 DEER RUN DRIVE	53 STREET ADDRESS	5513 Eagle Drive	
CITY-ST-ZIP	FT. PIERCE FL 34951-2327	54 CITY-ST-ZIP	Fort Pierce, FL. 34951-2327	
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: Norman E. Haag, Treasurer Norman E. Haag March 7, 1995 407-466-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000788

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 MAR 28 PM 6:17

DOCUMENT # 760867 (2)

1. Corporation Name
THE OFFICE COMPLEX OF SOUTH PASADENA, INC.

Principal Place of Business	Mailing Address
933 OLEANDER WAY SO. SUITE 2 ~~SO. PASADENA FL 33707~~	933 OLEANDER WAY SO. SUITE 2 ~~SO. PASADENA FL 33707~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1981
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-2137135 ☐ 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) So. Pasadena, FL 33707	City & State (28) So. Pasadena, FL 33707	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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

FERRELL, BARBARA
1978 DOLPHIN BLVD SO
ST PETERSBURG FL 33707

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 _____
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	VD	11 TITLE	Director ☐ Change ☒ Addition
NAME	FEARS, ALBERT	12 NAME	Phillips, Alfred J.
STREET ADDRESS	933 OLEANDER WAY S	13 STREET ADDRESS	405 Masters Drive
CITY-ST-ZIP	S PASADENA FL	14 CITY-ST-ZIP	Cross Junction, VA 22625-2441
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FERRELL, DON E.	22 NAME	
STREET ADDRESS	933 OLEANDER WAY SO #2	23 STREET ADDRESS	
CITY-ST-ZIP	SO. PASADENA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	THEE, JOHN H.	32 NAME	
STREET ADDRESS	933 OLEANDER WAY SO #2	33 STREET ADDRESS	
CITY-ST-ZIP	SO. PASADENA 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	

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: _____ 3-16-95 703 838-1127
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

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 MAR 28 PM 6:35

DOCUMENT # **760881** **(3)**

1. Corporation Name
HOSPICE OF MARION COUNTY, INC.

Principal Place of Business	Mailing Address
317 N.E. 36TH AVENUE P.O. BOX 4860 OCALA FL 32678-1860	317 N.E. 36TH AVENUE P.O. BOX 4860 OCALA FL 34478-4860 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2214796 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRIVETT ALICE J EXEC DIRECTOR 317 NW 36TH AVE P.O. BOX 4860 OCALA FL 34478	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: Alice J Privett Executive Director Thomas Cartwright, M.D. DATE: 12/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	"D"	☒ Change ☐ Addition
NAME	CARTWRIGHT, THOMAS H MD	12 NAME	MIZNER, Ruthanne RN, BSN, OCN	
STREET ADDRESS	2725 S.E. MARICAMP ROAD	13 STREET ADDRESS	2725 S.E. Maricamp Road	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	PD	21 TITLE	President-Elect "D"	☒ Change ☐ Addition
NAME	MIZNER, RUTHANNE S RN,BSN	22 NAME	Raum, MARY E. M.D	
STREET ADDRESS	3851 S.E. 22ND AVENUE	23 STREET ADDRESS	2845 S.E. 3rd Court	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	FORREST, J. JERRY CFP	32 NAME		
STREET ADDRESS	2945 N.E. 3RD COURT	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	"O"	☒ Change ☐ Addition
NAME	BRANCH, DIANE	42 NAME	Robert Hillard	
STREET ADDRESS	1501 S.W. 42ND ST.	43 STREET ADDRESS	2980 S.E. 37th St.	
CITY-ST-ZIP	OCALA FL	44 CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	51 TITLE	"O"	☒ Change ☐ Addition
NAME	PLATT, LINDA RN	52 NAME	Cartwright, Thomas M.D	
STREET ADDRESS	P.O. BOX 1739 N/A	53 STREET ADDRESS	2725 S.E. MARICAMP Road	
CITY-ST-ZIP	DUNNELLON FL 34430	54 CITY-ST-ZIP	OCALA, FL 34471	
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: Alice J Privett Executive Director 12/27/95 904-694-7158
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Telephone Number)
Alice J Privett, Executive Director Thomas Cartwright, M.D.

0065473

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 MAR 28 PM 6:35

DOCUMENT # 761180 (9)

1. Corporation Name

THE JESUS CHURCH OF DELIVERANCE OF THE APOSTOLIC FAITH, INC.

Principal Place of Business	Mailing Address
2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG FL 32068	2782 FORMAN CIR. P.O. BOX 327 MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1981
3a. Date of Last Report: 07/06/1994
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 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

OLIVER, ELDER JOSEPH, PASTOR
2794 FORMAN CIRCLE
MIDDLEBURG FL 32068

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 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	SD	11 TITLE	☐ Change ☐ Addition
NAME	CLAYTON, CORA	12 NAME	
STREET ADDRESS	2648 SAPP LN	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	14 CITY-ST-ZIP	
TITLE	OD	21 TITLE	☐ Change ☐ Addition
NAME	FORMAN,G. ELDER	22 NAME	
STREET ADDRESS	2710 N.W. 3RD CT.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BURKES, EARNESTINE D. Not With The Church	32 NAME	
STREET ADDRESS	2780 FORMAN CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	mamie ANNA Oliver	42 NAME	
STREET ADDRESS	2794 Forman Circle	43 STREET ADDRESS	
CITY-ST-ZIP	PO Box 327 middleburg FL 32050	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	President	61 TITLE	☐ Change ☐ Addition
NAME	Elder Joseph Oliver	62 NAME	
STREET ADDRESS	2794 Forman Circle	63 STREET ADDRESS	
CITY-ST-ZIP	Middleburg FL 32050	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: President Elder Joseph Oliver 2/17/95 282-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

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 MAR 28 PM 6:16

DOCUMENT # 761442 (3)

1. Corporation Name

SHORELINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460	400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1982
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2174483 ☐ 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. (21) Principal Place of Business
2a. (26) Mailing Address
(22) Suite, Apt. #, etc.
(27) Suite, Apt. #, etc.
(23) City & State
(28) City & State
(24) Zip (25) Country
(29) Zip (30) Country

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

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
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	WAKEMAN, DAVID	12 NAME		
STREET ADDRESS	50 VISTA DEL RIO	13 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP		
TITLE	~~D~~	21 TITLE	D	☒ Change ☐ Addition
NAME	~~HARPER, JAMES B~~	22 NAME	David Dillon	
STREET ADDRESS	~~4 LAS SENDAS~~	23 STREET ADDRESS	9 Las Sendas	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~	24 CITY-ST-ZIP	Boynton Bch, Fl	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	WAKEMAN, BRENDA	32 NAME		
STREET ADDRESS	50 VISTA DEL RIO	33 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KUSSLER, MARIA ROSE	42 NAME		
STREET ADDRESS	2 LAS SENDAS	43 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	GAULDEN, STEPHEN	52 NAME		
STREET ADDRESS	43 VISTA DEL RIO	53 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BROWN, WALTER	62 NAME		
STREET ADDRESS	9 LAS SENDAS	63 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	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: Stephen P Gaulden, Treas. 3/23/95 688-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

761442

Shoreline Homeowners Association, Inc.

Board of Directors (continued..)

VD
John Pitney
16 Las Islas
Boynton Beach, Fl

D
Lenora Spera
96 Las Brisas
Boynton Beach, Fl

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 MAR 28 PM 6:27

DOCUMENT # 761600 (6)

1. Corporation Name
SEA OATS BEACH CLUB CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223	P.O. BOX 562 1720 GULF BLVD. ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1982
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2445809 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KNIGHT, ARLENE
351 OAK STREET
ENGLEWOOD FL 34223

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
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	TD	11 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, HOWARD	12 NAME		
STREET ADDRESS	23236 MCNAMEE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	PT. CHARLOTTE FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KNIGHT, ARLENE	22 NAME		
STREET ADDRESS	351 OAK STREET	23 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LAPLANTE, ROSEMARY	32 NAME		
STREET ADDRESS	873 E 5TH ST	33 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SISK, JOHN	42 NAME		
STREET ADDRESS	334 SEVERIN RD, SE	43 STREET ADDRESS		
CITY ST ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	NESSLAR, BELINDA	52 NAME		
STREET ADDRESS	7001 REGINA DRIVE	53 STREET ADDRESS		
CITY ST ZIP	ENGLEWOOD FL	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: Arlene M Knight 3/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #