CiTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Sebastian, Fl. 32958</u> TITLE X Delete TITLE T Change ☐ Addition LEE, SUE NAME NAME Gordon Loudermilk 124 CORAL WAY EAST STREET ADDRESS STREET ADDRESS 9305 126th. Ave. CITY-ST-7IP INDIALANTIC FL CITY-ST-7IP Fellsmere, Fl. 32948 TITLE ☑ Delete TITLE Change ☐ Addition BRINTON, LEOTA E NAME NAME Earl Walker STREET ADDRESS 758 VOCELLE AVE STREET ADDRESS 913 N.W. Cashew Circle Barefoot Bay, Fl. 329 CITY-ST-ZIP SEBASTIAN, FL 00000 CITY-ST-ZIP Delete TITLE ☐ Addition NAME TALBOT, HENRY Charles Pirke NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

718 VOCELLE AVE

SEBASTIAN FL

Edwin Creel Pastor F SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32958

445 S.W. Oak St.

Sebastian, Fl.