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 -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766699** **(3)**

1. Corporation Name

THE CARPENTER'S HOME CHURCH OF LAKELAND, INC.

Principal Place of Business	Mailing Address
777 CARPENTER'S WAY P.O. BOX 95020 LAKELAND FL 33809	777 CARPENTER'S WAY P O BOX 95020 LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2247906 — Applied For ☐ Not Applicable ☐
2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) County (25) — Zip (29) County (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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, JOSEPH A. 777 CARPENTER'S WAY LAKELAND FL 33809	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 _____ (Required) (Name of Registered Agent Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
12 NAME	WHITLOW, REV. H. THOMAS	12 NAME	Karl D. Strader	
13 STREET ADDRESS	259 JENNY WAY	13 STREET ADDRESS	777 Carpenter's Way	
14 CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	Lakeland, Fl. 33809	
21 TITLE	SD	21 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
22 NAME	WHITLOW, PAMELA J.	22 NAME	J. A. Perez	
23 STREET ADDRESS	259 JENNY WAY	23 STREET ADDRESS	777 Carpenter's Way	
24 CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	Lakeland, Fl. 33809	
31 TITLE	TD	31 TITLE		☐ Change ☐ Addition
32 NAME	KENT, ROBERT J.	32 NAME		
33 STREET ADDRESS	355 5TH STREET NORTH	33 STREET ADDRESS		
34 CITY ST ZIP	SAFETY HARBOR FL	34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 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 the 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: Joseph A. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067146

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
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Secretary of State
Division of Corporations

DOCUMENT # 767583 (8)

1. Corporation Name

NORTH FLORIDA ATHLETIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
8358 EARL CIRCLE WEST JACKSONVILLE FL 32219	8358 EARL CIRCLE WEST JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1983	3a. Date of Last Report: 04/19/1994
4. FEI Number: 03-1740026	☐ 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

SMILEY, JOHNNY F., ESQ.
333 E. BAY STREET
JACKSONVILLE FL 32202

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	T	1.1 TITLE	☐ Change ☑ Addition
NAME	SANDERS, CAROLYN	1.2 NAME	KAISER Sanders
STREET ADDRESS	8358 EARL CIRCLE, W.	1.3 STREET ADDRESS	8358 EARl CiR. W
CITY, ST, ZIP	JACKSONVILLE FL	1.4 CITY, ST, ZIP	JAX, Fl 32219 President
TITLE	SD	2.1 TITLE	D ☐ Change ☑ Addition
NAME	MOORE, JAMES	2.2 NAME	Mildred Budgett
STREET ADDRESS	5811 MARIGOLD RD.	2.3 STREET ADDRESS	2269 HARtridge St
CITY, ST, ZIP	JACKSONVILLE FL	2.4 CITY, ST, ZIP	Jax Fl 32210
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	PRINCE, HARRIETT	3.2 NAME	Shirley Simpo
STREET ADDRESS	9070 7TH AVE	3.3 STREET ADDRESS	9639 Greenleaf Rd
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	Jax Fl 32208
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JOAN	4.2 NAME	
STREET ADDRESS	5854 GILCHRIST RD	4.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	4.4 CITY, ST, ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, ALVA	5.2 NAME	
STREET ADDRESS	1359 VAN BUREN ST	5.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ISSIAC	6.2 NAME	
STREET ADDRESS	1514 W 29 STR	6.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	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: Carolyn Sanders CAROLYN Sanders 4-28-95 904 7686981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025838