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 APR 20 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768180 (2)

1. Corporation Name
THE CHURCH OF THE LOST AND FOUND, INC.

Principal Place of Business	Mailing Address
C/O BILL LOCKMAN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614	C/O BILL LOCKMAN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1983
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1296147 ☐ 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 / Country 25	Zip 29 / Country 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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOCKMAN, WILLIAM F.
7209 N CHURCH AVE
TAMPA FL 33614

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	DE	11 TITLE	☐ Change ☐ Addition
NAME	PULLEN, RICH	12 NAME	
STREET ADDRESS	10751 GLEN ELLEN DR	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	DE	21 TITLE	☐ Change ☐ Addition
NAME	VENZOR, OSCAR	22 NAME	
STREET ADDRESS	8619 LEIGHTON DR	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	DE	31 TITLE	☐ Change ☐ Addition
NAME	RUHE, FRITZ	32 NAME	
STREET ADDRESS	6020 LAKESIDE DR	33 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	34 CITY-ST-ZIP	
TITLE	~~DE~~	41 TITLE	☐ Change ☐ Addition
NAME	~~MAYER, RICHARD (ELDER)~~	42 NAME	
STREET ADDRESS	~~3414 W. LINEBAUGH~~ Remove	43 STREET ADDRESS	DMLT This Officer Altogether
CITY-ST-ZIP	~~TAMPA FL~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LOCKMAN, WILLIAM F.	52 NAME	
STREET ADDRESS	7209 N CHURCH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	DE	61 TITLE	☐ Change ☐ Addition
NAME	MAYER, RICHARD, II(ELDER	62 NAME	
STREET ADDRESS	8635 LEIGHTON DR.	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA 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: Wm. F. Lockman William F. Lockman 4/19/95 673-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00043712