| FILE NOW: FILING | FEE IS \$61.2 | NT OF STATE | | | | |
|--|--|---|--|-----------------|--|------------------|
| NONPROFIT CORPORATION ANNUAL REPORT | FLORIDA DEPARTME Sandra B Mo Secretary of | ortham I State | | | | |
| 1996 | DIVISION OF CORF | RPORATIONS | 1 | | | |
| DOCUMENT # F93000005 | | İ | | | | |
| Foundation Church of S Flag Ship Service Orga | anization | | | | | |
| Principal Place of Business | Mailing Address | | | | | |
| Abraham De Veerstraat 4 Abrah | | e Veestraat d, Curacao | But Incorporated or Qualified | 3a. Dat | dco/Last Rego | 805 |
| Willemstad, Curacao Netherlands Antilles | Netherland | ds Antilles | | 1 7 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number 98-0133545 | | | Applicable |
| 21 Suite, Apt #, etc | Suite, Apt. #, etc | | 5. Certificate of Status Desired | K | \$8.75 Add Fee Requi | uired |
| 22 City & State | City & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Ma Added to F | Fees |
| 23 | Ζρ | Country | 8. This corporation has liability for | r intangible | | |
| Zip Country | 293 | 30] | Florida Statutes 10. Name and Address of New Re | ∟ Yes | INO | |
| 9. Name and Address of Current Re | | B1 Name | 12. THE WITH PRINCIPES OF THE R. | | |] |
| | | 1 1 | dress (P.O. Box Number is Not Accepta | able) | | |
| Johnson, Paul B. Es 100 South Ashley Dr | ., Ste 1450 | 83 | | | | |
| Tampa, Florida 3360 | 2 | | | | 85 Zip Co | apc |
| _ | | 84 City | and the state of t | FL purpose o | - Laboración de la | registered |
| Pursuant to the provisions of Sections 617 0502 are office or registered agent, or both, in the State of I agent. I am familiar with, and accept the obligation. | ind 617.1508. Florida Statute Florida Such change was auns of, Section 617 0503, Flor | es, the above named con uthorized by the corpora rida Statutes. | rporation submits this statement for the ation's board of directors. I hereby acc | | opointment as n | \ |
| SIGNATURE Signature Typed or prints diname of registered agent an | | E Registered Agent signature requ | | DATE | ND DIRECTORS | |
| Signature Typed or print diname of registrate agents 12. OFFICERS AND D | DIRECTORS | 13. 11 TITLE | AUDITIONS/CHANGES TO OF | AI | Change | S IN 12 Addition |
| TILE Chairman | DELETE | 1.1 TITLE 1.2 NAME | | | |], |
| NAME Milton Wolfe | :]lemetad | 1.2 NAME 1.3 STREET ADDRESS | | | | 1. |
| STREET ADDRESS Maduro Plaza, Wi | LIEMSLAG L. Antillee | 1.4 CITY - ST - ZIP | | | Change | Addition |
| CHY-SI-ZIP Curacao, Netherl | DELETE | 2 1 TITLE | | | a∾ | t |
| NAME Ludwig Alpers | | 2.2 NAME 2.3 STREET ADDRESS | | | | 1 |
| STREET ADDRESS Maduro Plaza, Wi | illenstad | 2 3 STREET ADDRESS | | | —————————————————————————————————————— | T Addition |
| Curação, Nether | lands አባሒቪ ቨት | 2 4 CHY-ST-ZIP 31 TITLE | | | Change | ∟∟ Addition Ì |
| Treasurer | Treasurer | | | | | |
| NAME Susan Allcock | NAME Susan Allcock | | | | | ļ |
| STREET ADDRESS Maduro Plaza, W | 111enstad | 33 STREET ADDRESS 34 CITY-ST-ZIP | | | Change | Addition |
| Curacao, Nether | Tands Williams | | | | - | |
| Director NAME Julia Brener | | 4 2 NAME 4 3 STREET ADDRESS | | | | |
| l Julia Breuer | illemetad | 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP | በሰጠጠጠላ፣ | | | Addition |
| CITY SI ZIP Maduro Plaza, W | 1. Antilities | 5 1 TITLE | | ์เบีเช็- | -DU7 Change | Addition |
| Dimontor | | 5 2 NAME | ***70.00 | . | | |
| NAME Director SIREEL ADDRESS RMC Associates, | R. Markes | 5 3 STREET ADDRESS | · - | | | |
| Abraham De Veer | straat 4 | 5.4 CITY - ST - ZIP | | | Change | Addition |
| CITY-ST-ZIP ADranam De Veel | 1. Antilles | 61 TITLE | l . | | • | |

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 turther 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 turther 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 turther 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 turther 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 have an accurate and that my signature shall have the same legal effect as if turther 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 have an accurate and that my signature shall have the same legal effect as if turther certified in the corporation or true and accurate and that my signature shall have the same legal effect as if turther certified in the corporation in turther certified in the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if turther certified in the corporation in the corporation or true empowered to execute this report as required by Chapter 617, Florida Statutes. I have a constant and accurate and that my signature shall have the same legal effect as if turther certified in the corporation in the corporation in the corporation i

6.3 STREET ADDRESS

NAME

STREET ADDRESS

(813) 145 - 4309 (V) Daytime Priorie #