# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAR 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000379 (7)**

1. Corporation Name
**RICHMOND INVESTMENT PROPERTIES, INC.**

Principal Place of Business
300 BELLEVUE PARKWAY, STE. 140
WILMINGTON DE 19809

Mailing Address
300 BELLEVUE PARKWAY, STE. 140
WILMINGTON DE 19809

DO NOT WRITE IN THIS SPACE

3. Date this report/data is effective: 01/25/1994

3a. Date of Last Report:

2. Principal Place of Business
21 1415 Foulk Road
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Wilmington, DE
Zip 24 19803 Country 25 USA

2a. Mailing Address
26 1415 Foulk Road
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Wilmington, DE
Zip 29 19803 Country 30 USA

4. FEI Number: APPLIED FOR 51-0352589 [ ] 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

8. This corporation has/will be transacting business in Florida but its principal place of business is outside Florida. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | CCEO |
| NAME | GIBBS, THOMAS E |
| STREET ADDRESS | 50 NORTH LAURA ST., 28TH FL. |
| CITY ST ZIP | JACKSONVILLE FL 32202 |
| TITLE | PD |
| NAME | SHALLEY, MICHAEL J |
| STREET ADDRESS | 50 NORTH LAURA ST., 28TH FL. |
| CITY ST ZIP | JACKSONVILLE FL 32202 |
| TITLE | VTD |
| NAME | BEALE, CHARLES L |
| STREET ADDRESS | 300 BELLEVUE PARKWAY |
| CITY ST ZIP | WILMINGTON DE 19809 |
| TITLE | V |
| NAME | GARRITY, MARTIN A |
| STREET ADDRESS | 15310 AMBERLY DR., STE. 315 |
| CITY ST ZIP | TAMPA FL 33647 |
| TITLE | S |
| NAME | VOSS, DEANNA |
| STREET ADDRESS | 300 BELLEVUE PARKWAY |
| CITY ST ZIP | WILMINGTON DE 19809 |
| TITLE | AS |
| NAME | BART, STEPHANIE J |
| STREET ADDRESS | 300 BELLEVUE PARKWAY |
| CITY ST ZIP | WILMINGTON DE 19809 |

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS

| | |
|---|---|
| TITLE | Vice Chairman [X] Change [ ] Add/Del |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | 600001437718 [ ] Add/Del |
| STREET ADDRESS | -03/23/95--01042--010 |
| CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | SVP [X] Change [ ] Add/Del |
| NAME | |
| STREET ADDRESS | 100 N. Tampa Street, Suite 3600 |
| CITY ST ZIP | Tampa, FL 33602 |
| TITLE | ***** Delete **** [X] Change [ ] Add/Del |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | Vice President, Secretary [X] Change [ ] Add/Del |
| NAME | |
| STREET ADDRESS | 1415 Foulk Road, Suite 100 |
| CITY ST ZIP | Wilmington, DE 19803 |
| TITLE | **** Delete ***** [X] Change [ ] Add/Del |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

SP 3-22

14. I do hereby certify that the information supplied with this report is complete and accurate. I further certify that I am familiar with the requirements of Section 607.1508, Florida Statutes, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Deanna Voss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanna Voss 3/2/95 (302) 477-5979

# 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

DOCUMENT # **F94000000641 (0)**

1. Corporation Name

**ASSOCIATION OF NORTH AMERICAN MISSIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 529<br>JENISON MI 49429-0529 | P.O. BOX 529<br>JENISON MI 49429-0529 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:
4. FEI Number: 36-3117615 ☐ 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 ☐

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3859 Nottingham Drive | 26 3859 Nottingham Drive |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Sarasota FL | 28 City & State: Sarasota FL |
| 24 Zip: 34235 25 Country: USA | 29 Zip: 34235 30 Country: USA |

**9. Name and Address of Current Registered Agent**

PARVIN, EARL
3859 NOTTINGHAM DR.
SARASOTA FL 34235

**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/OR DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D ☒ Change ☐ Addition |
| NAME | HAAS, DAVID W | 12 NAME | PETERS, H.H. |
| STREET ADDRESS | 237 FAIRFIELD AVE. | 13 STREET ADDRESS | PO BOX 4248 N/A |
| CITY-ST-ZIP | UPPER DARBY PA 19082 | 14 CITY ST ZIP | SEMINOLE FL 34542 |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | CLARK, DOUGLAS | 22 NAME | |
| STREET ADDRESS | P.O. BOX 1426 N/A | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SALINA KS 67402 | 24 CITY ST ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ZIMMERMAN, P. DWIGHT | 32 NAME | |
| STREET ADDRESS | 580 Cedine Camp Rd. | 33 STREET ADDRESS | |
| CITY ST ZIP | SPRING CITY TN 37381 | 34 CITY ST ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | WALKER, RAYMOND | 42 NAME | |
| STREET ADDRESS | 1011 MISSION RD. | 43 STREET ADDRESS | |
| CITY ST ZIP | MADISON GA 30650 | 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 hereof, or on an attachment with an address.

**SIGNATURE:** P. Dwight Zimmerman Nov. 6, 1995 615-365-9565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
DWIGHT ZIMMERMAN
DW 3-23-95