

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montague
Secretary of State
DIVISION OF CORPORATIONS

1995 MAR 22 PM 1:43

DOCUMENT # F94000000379 (7)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

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

26 Mailing Address

26 1415 Foulk Road

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Wilmington, DE

Zip

29 19803

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date the corporation or Qualifies

01/25/1994

3a. Date of Last Report

4. FCI 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 liability for interjurisdictional tax under S. 190.01, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number or Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 of this corporation, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the corporation's officer or director)

Signature of Registered Agent (if not the corporation's officer or director)

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.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

Vice Chairman

☒ Change ☐ Add

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. NAME

3. STREET ADDRESS

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10. NAME

10. STREET ADDRESS

10. CITY, ST, ZIP

11. NAME

11. STREET ADDRESS

11. CITY, ST, ZIP

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-03/23/95--01042--010

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SVP

☒ Change ☐ Add

1. NAME

1. STREET ADDRESS

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53. NAME

53. STREET ADDRESS

53. CITY, ST, ZIP

54. NAME

54. STREET ADDRESS

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000000641 (0)

1. Corporation Name

ASSOCIATION OF NORTH AMERICAN MISSIONS, INC.

20000114 439382
03/24/95 1010074-010
*****1.25 *****61.26

Principal Place of Business

Mailing Address

P.O. BOX 529
JENISON MI 49429-0529

P.O. BOX 529
JENISON MI 49429-0529

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/09/1994

4. FEI Number

Applied For

36-3117615

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. 189.032,
Florida Statutes

☐

Florida Statutes

2. Principal Place of Business

2a. Mailing Address

21 3859 Nottingham Drive

26 3859 Nottingham Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sarasota FL

28 Sarasota FL

24 Zip

25 Country

29 Zip

30 Country

34235

USA

34235

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARVIN, EARL
3859 NOTTINGHAM DR.
SARASOTA FL 34235

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

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	HAAS, DAVID W
STREET ADDRESS	237 FAIRFIELD AVE.
CITY - ST - ZIP	UPPER DARBY PA 19082
TITLE	D
NAME	CLARK, DOUGLAS
STREET ADDRESS	P.O. BOX 1426 N/A
CITY - ST - ZIP	SALINA KS 67402
TITLE	D
NAME	ZIMMERMAN, P. DWIGHT
STREET ADDRESS	580 Cedline Camp Rd.
CITY - ST - ZIP	SPRING CITY TN 37381
TITLE	D
NAME	WALKER, RAYMOND
STREET ADDRESS	1011 MISSION RD.
CITY - ST - ZIP	MADISON GA 30650
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME	PETERS, H.H.	
13 STREET ADDRESS	PO BOX 4248 N/A	
14 CITY - ST - ZIP	SEMINOLE FL 34542	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 Sections 110 (1)(7)(b) 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 117, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or in an attachment with an addition.

SIGNATURE:

P. Dwight Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DWIGHT ZIMMERMAN

Mar. 6, 1995 615-365-9565
DW 3-23-95