ILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 11:11

DOCUMENT # **F94000006470 (8)**

1. Corporation Name

THE INTERQUEST GROUP, INC.

Principal Place of Business	Mailing Address
1655 S. ENTERPRISE, A-1 **SPRINGFIELD MO 65804**	**1655 S. ENTERPRISE, A-1** **SPRINGFIELD MO 65804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **43-1663797** ☐ Applied For ☐ Not Applicable
Suite, Apt #, etc. — 22
Suite, Apt #, etc — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAUNSCHILD, KATJA
9 ISLAND AVE.
SUITE 1110
MIAMI BEACH FL 33139

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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TRACY, GEORGE P	12 NAME	
STREET ADDRESS	393 N. EUCLID AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63108	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, J. MATTHEW	22 NAME	
STREET ADDRESS	3904 RIDGEWOOD	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MO 65809	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	HAUNSCHILD, KATJA	32 NAME	
STREET ADDRESS	9 ISLAND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George P. Tracy George P. Tracy — 5/3/95 — 314-361-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004841 FN

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CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE
CORPORATIONS

DOCUMENT # **F94000006685 (1)**

1. Corporation Name

FARMLAND MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
138 REGIS STREET, SUITE A TURLOCK CA 95380-1108	138 REGIS STREET, SUITE A TURLOCK CA 95380-1108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/29/1994	

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 / County 25	Zip 29 / County 30

4. FEI Number: 77-0099868 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	SILVEIRA, JOSEPH P	12 NAME		
STREET ADDRESS	138 REGIS ST., STE. A	13 STREET ADDRESS		
CITY-ST-ZIP	TURLOCK CA 95380-1108	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	LUIZ, DOROTHY	22 NAME		
STREET ADDRESS	138 REGIS ST., STE. A	23 STREET ADDRESS		
CITY-ST-ZIP	TURLOCK CA 95380-1108	24 CITY ST ZIP		
TITLE	D	31 TITLE	VD	☒ Change ☐ Addition
NAME	EVERS, CARL B JR.	32 NAME		
STREET ADDRESS	138 REGIS ST., STE. A	33 STREET ADDRESS		
CITY-ST-ZIP	TURLOCK CA 95380-1108	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GROEFSEMA, KENNETH	42 NAME		
STREET ADDRESS	138 REGIS ST., STE. A	43 STREET ADDRESS		
CITY-ST-ZIP	TURLOCK CA 95380-1108	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NICOLAUS, WENDEL	52 NAME		
STREET ADDRESS	138 REGIS ST., STE. A	53 STREET ADDRESS		
CITY-ST-ZIP	TURLOCK CA 95380-1108	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Luiz — MAY 31, 1995 — (209) 669-0742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number
DOROTHY LUIZ, SECRETARY

0004712 PM

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 # **N94000000032 (2)**

1. Corporation Name

THE ONE HOLY CATHOLIC APOSTOLIC ORTHODOX CHURCH OF THE AMERICAS, INC.

Principal Place of Business	Mailing Address
7605 NE 192ND PLACE CITRA FL 32113	7605 NE 192ND PLACE CITRA FL 32113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:
4. FEI Number: Applied For / X 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 22733 N.E. 227 PL.,	26 P.O. BOX 339
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORANGE SPRINGS	City & State 28 CITRA FLORIDA
Zip 24 32182 / Country 25 MARION	Zip 29 32113 / Country 30 MARION

9. Name and Address of Current Registered Agent

YOUNG, ROBERT M
7605 NE 192ND PLACE
CITRA FL 32113

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, type or (print) 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	D	11 TITLE	☐ Change ☐ Addition
NAME	KEHOE, JOSEPH	12 NAME	
STREET ADDRESS	7605 NE 192ND PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, CHARLES J	22 NAME	
STREET ADDRESS	7605 NE 192ND PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113	24 CITY-ST-ZIP	
TITLE	TRoyer, Dec	31 TITLE	☐ Change ☐ Addition
NAME	22511 Hgw 315	32 NAME	
STREET ADDRESS	Orange Springs 32182	33 STREET ADDRESS	
CITY-ST-ZIP	Fl.	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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)(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: JOSEPH KEHOE — May 10-95 — 1-904-595-7298
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR — Date — Daytime Phone #

Joseph Kehoe

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 # N94000000972 (9)

1. Corporation Name

TRUTH TABERNACLE OF GOD INTERNATIONAL MINISTRY, INC.

Principal Place of Business	Mailing Address
~~916 SOUTH SEACREST BLVD.~~ ~~BOYNTON BEACH FL 33435~~	~~916 SOUTH SEACREST BLVD.~~ ~~BOYNTON BEACH FL 33435~~ 312 NE 4 Street

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1994
3a. Date of Last Report:
4. FEI Number: 65-0473813 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 106 NW 5 Avenue	26 312 NE 4 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Delray Bch
City & State 23 Delray Beach Florida	City & State 28
Zip 24 33444 Country 25 Palm Beach	Zip 29 33444 Country 30 Palm Bch

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	10. Name and Address of New Registered Agent
OLDACRE, LORNA I ~~916 SOUTH SEACREST BLVD.~~ BOYNTON BEACH FL 33435 NEW Address	81 Name: OLDACRE, LORNA I 82 Street Address (P.O. Box Number is Not Acceptable): 312 NE 4 Street 83 Delray Beach Fla 33444 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: LORNA OLDACRE — 5/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDACRE, CLARENCE T ~~916 SOUTH SEACREST BLVD.~~ Change of Address BOYNTON BEACH FL 33435	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition ~~Stanley Cheryl~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDACRE, LORNA I ~~916 SOUTH SEACREST BLVD.~~ Change of Address BOYNTON BEACH FL 33435	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☑ Addition PENN, DeLoris
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STANLEY, CHERYL D ~~916 SOUTH SEACREST BLVD.~~ Changes of Address BOYNTON BEACH FL 33435	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☑ Addition 731 West Chantelain Blvd Delry Beach FL 33445
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OLDACRE Clarence T	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	312 NE 4 Street Delray Beach Fla 33444	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OLDACRE, LORNA 312 NE 4 Street, Delray Beach Fla 33444	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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: Clarence T Oldacre — 5/28/95 — (407) 278-6111
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A051