

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **NO4309** (3)

95 MAY 22 7:10:15

ESCAMBIA COUNTY VOLUNTEER FIREMENS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2920 NORTH "L" STREET PENSACOLA FL 32501
Mailing Address: 2920 NORTH "L" STREET PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/23/1984	3a. Date of Last Report 05/10/1994
4. FEI Number 59-2084268	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite Apt # etc City & State Zip	2a. Mailing Address Suite, Apt #, etc City & State Zip
22	26
23	27
24	28
25	29
Country	Country
30	

9. Name and Address of Current Registered Agent

SLOVER, MIKE
2920 N. "L" ST.
PENSACOLA FL 32505

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: *Mike Slover* (Typed or printed name of registered agent and the filer) 4-20-95

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SLOVER, MIKE
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	LEWIS, DEL
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL
TITLE	ST
NAME	MCCURDY, SARAH
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL
TITLE	VCD
NAME	WOOD, JOHN
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	DOSH, J D
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	BURKETT, REGIE
STREET ADDRESS	2920 N. "L" ST.
CITY ST ZIP	PENSACOLA FL

13. ADDITIONS/CHANGE(S) TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sarah L. McCurdy* (Typed or printed name of signing officer or director) 4-20-95 904-450-2191

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worrier Secretary of State Capitol Annex, 1000 N. W. 17th Ave.
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APPROVED AND FILED

MAY 12 AM 10:15

1995
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N05051 (0)

ST. THOMAS (INDIAN) ORTHODOX CHURCH OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
805 GLENN PARKWAY HOLLYWOOD FL 33021	805 GLENN PARKWAY HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1984	3a. Date of Last Report 03/08/1994
4. FEI Number 65-0057308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite Apt # etc	26. Suite Apt # etc
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country

9. Name and Address of Current Registered Agent

PYNGOLL, JOY
5900 SW 17 CT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P O Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SAMUEL	12. NAME	
STREET ADDRESS	1031 N 66TH TERR	13. STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	14. CITY, ST, ZIP	
TITLE	TD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, VIJAYAN V	22. NAME	
STREET ADDRESS	885 NE 178TH ST	23. STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BEACH FL	24. CITY, ST, ZIP	
TITLE	M	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHACKO, MELEPURACKAL	32. NAME	
STREET ADDRESS	5355 SW 116TH AVE	33. STREET ADDRESS	
CITY, ST, ZIP	COOPERCITY FL	34. CITY, ST, ZIP	
TITLE	PD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYNGOLL, REV JOY	42. NAME	
STREET ADDRESS	5900 SW 17TH CT	43. STREET ADDRESS	
CITY, ST, ZIP	PLANTATION FL	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 149.07(3)(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 617, Florida Statutes, and that my name appears on Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: 

05/16/95 305-964-8770
 (Date) (Phone)

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AND
FILED**

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N07288 (6)

1. Corporation Name
ROSE OF SHARON MINISTRIES, INCORPORATED

Principal Place of Business: **3600 NW 167TH ST. MIAMI FL 33054 US**

Mailing Address: **3694 NW 167TH ST MIAMI FL 33054 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1985**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2492742**

Applied For: Not Applicable:

2. Principal Place of Business

21. State, Apt. #, etc.: **26**

22. City & State: **27**

23. Zip: **28** Country: **29**

24. Zip: **25** 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

**HAIRSTON, ELIZABETH
4005 SW 68TH LANE
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code: **FL**

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

1. NAME	VPT PARRISH, SHERRON
2. STREET ADDRESS	15701 NW 18TH COURT
3. CITY, ST, ZIP	OPA-LOCKA FL
4. TITLE	D
5. NAME	WHITE, CATHY DR.
6. STREET ADDRESS	11042 SW 162 TERRACE
7. CITY, ST, ZIP	MIAMI FL
8. TITLE	PD
9. NAME	HAIRSTON, ELIZABETH
10. STREET ADDRESS	4005 SW 68TH LANE
11. CITY, ST, ZIP	MIRAMAR FL
12. TITLE	D
13. NAME	PARRISH, CARL
14. STREET ADDRESS	15701 NW 18TH CT.
15. CITY, ST, ZIP	OPA LOCKA FL
16. TITLE	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	
20. TITLE	
21. NAME	
22. STREET ADDRESS	
23. CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE: Change Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE: Change Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE: Change Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE: Change Addition

18. NAME

19. STREET ADDRESS

20. 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Hairston* Elizabeth Hairston 4/19/95 (305) 621-0060

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

05 MAY 22 11:10:15

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N09505 (1)

1. Corporation Name
PICK USERS OF FLORIDA, INC.

Principal Place of Business Mailing Address
14834 S.W. 152ND TERR MIAMI FL 33187 **P O BOX 161268 CORAL SPRINGS FL 33077-0396 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1985** 3a. Date of Last Report **06/20/1994**

4. FEI Number **65-0096993** 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. Yes No

2. Principal Place of Business 2a. Mailing Address
21 14820 S.W. 159 Street 26 P.O. Box 161268

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 Miami, FL 28 Miami, FL

Zip Country Zip Country
24 33187 US 29 33116 30 US

9. Name and Address of Current Registered Agent

**JOHANSEN, LARRY E.
3570 CONSUMER STREET
UNIT 7
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 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	PD
NAME	BACALL, LEE
STREET ADDRESS	1640 RIVERLAND ROAD
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	HEALY, JAMES
STREET ADDRESS	1465 SW 118TH AVE
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	CIACCIO, JIM
STREET ADDRESS	2563 N MIAMI AVE
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	DARLING, LISA
STREET ADDRESS	14834 SW 152 TERR.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HEALY, JIM	
13 STREET ADDRESS	1465 S.W. 116 Avenue	
14 CITY, ST, ZIP	Pembroke Pines, FL	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DARLING, COUNT	
23 STREET ADDRESS	14834 S.W. 152 Terrace	
24 CITY, ST, ZIP	Miami, Florida 33187	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HOOTEN, PATRICIA	
33 STREET ADDRESS	1035 Sharazad Boulevard	
34 CITY, ST, ZIP	Opa Locka, FL 33054	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MARTELL, CAROLE	
43 STREET ADDRESS	14820 S.W. 159 Street	
44 CITY, ST, ZIP	Miami, FL 33187	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 110.07(3)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carole Martell* carole martell 5/16/95 (305) 232-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)