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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05265 (6)

1. Corporation Name

VILLAGE PRODUCTIONS OF GOODLAND, INC.

Principal Place of Business	Mailing Address
213 HARBOR PLACE P. O. BOX 745 GOODLAND FL 33933-0745 US	213 HARBOR PLACE P. O. BOX 745 GOODLAND FL 33933-0745 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2515482 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOZICNIK, AMY
750 PALM POINT DR.
GOODLAND FL 33933

10. Name and Address of New Registered Agent

81 Name: HEIDI MOSS
82 Street Address (P.O. Box Number is Not Acceptable): 677 PALM AVE W.
83
84 City: GOODLAND FL 85 Zip Code: 33933

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: Heidi Moss 4/28/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BRUNO, BETTY J	12 NAME	
STREET ADDRESS	519 COCONUT ST. E.	13 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WESTERSON, JUDI	22 NAME	
STREET ADDRESS	405 MANGO AVE	23 STREET ADDRESS	
CITY-ST-ZIP	GOODLAND FL	24 CITY-ST-ZIP	
TITLE	~~VD~~	31 TITLE	☐ Change ☐ Addition
NAME	~~HAUKE, BONNIE~~	32 NAME	
STREET ADDRESS	~~47 FRONT ST~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~MARCO ISLAND FL~~	34 CITY-ST-ZIP	
TITLE	~~J~~ T	41 TITLE	☒ Change ☐ Addition
NAME	~~BOZICNIK, AMY~~ HEIDI MOSS	42 NAME	
STREET ADDRESS	~~750 PALM POINT DR.~~ 677 PALM AVE. W.	43 STREET ADDRESS	
CITY-ST-ZIP	~~GOODLAND FL~~ GOODLAND FL. 33933	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 if changed, or on an attachment with an address.

SIGNATURE: Betty J Bruno 4/28/95 813-394-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082126