FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **N11446** **(4)**

1. Corporation Name

COLONY DON PEDRO PHASES IV & V PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DONN HERSHBERGER 415 S. GULF SHORE BLVD. P.O. BOX 5099 GROVE CITY FL 34224	P.O. BOX 5099 GROVE CITY FL 34224 US

3. Date Incorporated or Qualified: **10/04/1985**
3a. Date of Last Report: **06/16/1994**
4. FEI Number: **59-2678367** ☐ Applied For ☐ Not Applicable

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

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
FEHR, JEFF 18501 MURDOCK CIRCLE #401 PORT CHARLOTTE FL 33948	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 Section 607.0502 and 607.1008, 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/OR DIRECTORS IN 12	
TITLE	DST	91 TITLE	DST ☒ Change ☐ Addition
NAME	ROSS, SONYA	92 NAME	Fehr, Jeff
STREET ADDRESS	414 S GULF BLVD.	93 STREET ADDRESS	18501 Murdock Circle, 401
CITY ST ZIP	GROVE CITY FL	94 CITY ST ZIP	Port Charlotte, FL
TITLE	DP	95 TITLE	DVP ☒ Change ☐ Addition
NAME	FEHR, JEFF	96 NAME	Cannon, Wendall
STREET ADDRESS	18501 MURDOCK CIRCLE 401	97 STREET ADDRESS	1522 Leighton Ave.
CITY ST ZIP	PORT CHARLOTTE FL	98 CITY ST ZIP	Lakeland, FL 33803
TITLE	VPD	99 TITLE	DP ☒ Change ☐ Addition
NAME	MCGRATH, BILL	100 NAME	Ted Hawkins
STREET ADDRESS	407 S GULF BLVD	101 STREET ADDRESS	9006 Crestmoor Drive
CITY ST ZIP	ENGLEWOOD FL	102 CITY ST ZIP	St. Louis, MO 63126
TITLE		103 TITLE	☐ Change ☐ Addition
NAME		104 NAME	
STREET ADDRESS		105 STREET ADDRESS	
CITY ST ZIP		106 CITY ST ZIP	
TITLE		107 TITLE	☐ Change ☐ Addition
NAME		108 NAME	
STREET ADDRESS		109 STREET ADDRESS	
CITY ST ZIP		110 CITY ST ZIP	
TITLE		111 TITLE	☐ Change ☐ Addition
NAME		112 NAME	
STREET ADDRESS		113 STREET ADDRESS	
CITY ST ZIP		114 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate 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 of changed, or on an attachment with an address.

SIGNATURE: Jeff Fehr, Secretary/Treasure 4/12/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0002037

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY 10 AM 10:15

SECRETARY OF STATE TALLAHASSEE FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N11812** **(7)**

1. Corporation Name

CENTRAL FLORIDA PROPRIETORS' DARTING ASSN., INC.

Principal Place of Business	Mailing Address
C/O HOWARD KELLY 1312 BLUE MOON LANE FRUITLAND PARK FL 34731-3012	C/O HOWARD KELLY 1312 BLUE MOON LANE FRUITLAND PARK FL 34731-3012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2626211	☐ 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	10. Name and Address of New Registered Agent
KELLY, HOWARD 1312 BLUE MOON LANE FRUITLAND PARK FL 34731	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		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	KELLY, HOWARD	12 NAME	
STREET ADDRESS	1312 BLUE MOON LANE	13 STREET ADDRESS	SAME
CITY ST ZIP	FRUITLAND PARK FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	S/D ☒ Change ☐ Addition
NAME	BASSETT, MAGGIE	22 NAME	
STREET ADDRESS	5701 SW 63 RD	23 STREET ADDRESS	SAME
CITY ST ZIP	OCALA FL	24 CITY ST ZIP	
TITLE	T	31 TITLE	T/D ☒ Change ☐ Addition
NAME	WILLIAMS, BRIAN ☒	32 NAME	BRIAN WILLIAMS
STREET ADDRESS	3320 NE 9 AVE	33 STREET ADDRESS	SAME
CITY ST ZIP	OCALA 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 (We) 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 added by attachment with an asterisk.

SIGNATURE: Brian Williams BRIAN WILLIAMS 4/26/95 (904)732-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068780

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N12463** **(8)**

1. Corporation Name

ROYAL PALM SAILING CLUB, INC.

Principal Place of Business	Mailing Address
3594 BROADWAY FT MYERS FL 33901	3594 BROADWAY FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1985**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-2635134** ☐ 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 § 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WEBB, MILAM ROSS
3594 BROADWAY
FT MYERS FL 33901

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 Section 607.1005 and 617.1005 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 607.325 Florida Statutes.

SIGNATURE: *Milam Webb* 5/4/95
(Signature of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	WEBB, MILAM ROSS	1. NAME	
STREET ADDRESS	3594 BROADWAY	1. STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	1. CITY-ST-ZIP	
TITLE	TD	2. TITLE	☐ Change ☐ Addition
NAME	OLIVE, STEVE	2. NAME	
STREET ADDRESS	1271 FORSYTH DR.	2. STREET ADDRESS	
CITY-ST-ZIP	NORTH FT.MYERS FL	2. CITY-ST-ZIP	
TITLE	SD	3. TITLE	☐ Change ☐ Addition
NAME	WEBB, STEPHANIE	3. NAME	
STREET ADDRESS	3955 MCGREGOR	3. STREET ADDRESS	
CITY-ST-ZIP	FT.MYERS FL	3. CITY-ST-ZIP	
TITLE	VD	4. TITLE	☐ Change ☐ Addition
NAME	D'ALESSANDRO, PETE	4. NAME	
STREET ADDRESS	2000 MAIN ST.	4. STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4. CITY-ST-ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. 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 the 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: *Milam Webb* 5/4/95 813-939-2493
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
939-0279

0058908

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

DOCUMENT # **N12707** **(8)**

1. Corporation Name
DEE & REE, INC.

Principal Place of Business	Mailing Address
615 HWY A1A STE. 101 PONTE VERDA BCH FL 32082	615 HWY A1A STE 101 PONTE VERDA BCH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/23/1985**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2635786** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 **2235 Parental Home Rd.**	2a. Mailing Address 26 **2235 Parental Home Rd.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **Jacksonville FL**	City & State 28 **Jacksonville, FL**
Zip / Country 24 **32216** / 25 **Duval**	Zip / Country 29 **32216** / 30 **Duval**

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 § 199.032, *Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARTLETT, BARON L. **615 HWY A1A STE. 101** **PONTE VERDA BCH FL 32082**	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		13. ADDITIONS, CHANGES, OR DELETIONS
TITLE	PD	☐ Change ☐ Addition
NAME	ROWE, RETHA K.	
STREET ADDRESS	2235 PARENTAL HOME RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	☐ Change ☐ Addition
NAME	ROWE, P.W.	
STREET ADDRESS	2235 PARENTAL HOME RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ Change ☐ Addition
NAME	MIDDLETON, SALLIE	
STREET ADDRESS	2235 PARENTAL HOME RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this report is correct, and does not qualify for the exemptions 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 with an address, with an asterisk, or attached with an address.

SIGNATURE: Retha K. Rowe **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1995 (904) 725-0278
DATE TELEPHONE NUMBER

0023624

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N13338** **(1)**

1. Corporation Name

NEW TESTAMENT BAPTIST CHURCH, OCALA FLORIDA, INC

Principal Place of Business	Mailing Address
2006 N.E. 8TH ROAD OCALA FL 34470-4231 US	2006 N.E. 8TH ROAD OCALA FL 34470-4231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/06/1986**
3a. Date of Last Report: **01/28/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) County (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) County (30)

9. Name and Address of Current Registered Agent

WOOTEN, KENNETH, REV.
5460 S.E. 4TH PLACE
5500 S.E. 2ND STREET (HOME)
OCALA FL 34471

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: Kenneth H. Wooten — Kenneth H. Wooten — 5-9-95
(Signature of new registered agent, if changing) (Typed or printed name of new registered agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS (Leave Blank If None)	
41 TITLE	DP	51 TITLE	☐ Change ☐ Addition
42 NAME	WOOTEN, KENNETH H.	52 NAME	
43 STREET ADDRESS	5460 SE 4TH PLACE	53 STREET ADDRESS	
44 CITY ST ZIP	OCALA FL	54 CITY ST ZIP	
41 TITLE	~~D~~	51 TITLE	☒ Change ☐ Addition
42 NAME	~~DAVI, SALVATORE~~	52 NAME	William Woodham
43 STREET ADDRESS	~~3265 NE 31 AVE.~~	53 STREET ADDRESS	1C66 NE 49th Street
44 CITY ST ZIP	~~OCALA FL~~	54 CITY ST ZIP	Ocala, Fl 34479
41 TITLE	D	51 TITLE	☐ Change ☐ Addition
42 NAME	LAW, GARY	52 NAME	
43 STREET ADDRESS	5560 NW 61ST STREET	53 STREET ADDRESS	
44 CITY ST ZIP	OCALA FL	54 CITY ST ZIP	
41 TITLE	T	51 TITLE	☐ Change ☐ Addition
42 NAME	STRINE, WILLIAM	52 NAME	
43 STREET ADDRESS	10181 SW 73RD TERRACE	53 STREET ADDRESS	
44 CITY ST ZIP	OCALA FL	54 CITY ST ZIP	
41 TITLE	~~D~~	51 TITLE	☒ Change ☐ Addition
42 NAME	~~MILNE, MIKE~~	52 NAME	Dave Carroll
43 STREET ADDRESS	~~4730 NE 10TH ST~~	53 STREET ADDRESS	410 NE 47th Street
44 CITY ST ZIP	~~OCALA FL~~	54 CITY ST ZIP	Ocala, Fl 34470
41 TITLE		51 TITLE	☐ Change ☐ Addition
42 NAME		52 NAME	
43 STREET ADDRESS		53 STREET ADDRESS	
44 CITY ST ZIP		54 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: Kenneth H. Wooten — Kenneth H. Wooten — 5-9-95 — (904) 351-3789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0065116

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

DOCUMENT # N13889 (3)

1. Corporation Name

FIRE FIGHTERS COUNCIL OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
% ROY S. CLELLAND
4005 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US

Mailing Address
% ROY S. CLELLAND
4005 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804
US

3. Date Incorporated or Qualified: 03/14/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2647482 — Applied For / Not Applicable

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

CLELLAND, ROY S.
4005 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

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 ______

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
C	CCLELLAND, ROY S	3602 MONUMENT DR	DELTONA FL
ST	KERRY C BLUDWORTH	448 LONG PINE DRIVE	LAKE MARY FL
VC	POLK, JERRY	980 LAGOON DR	OVIEDO FL
D	HARTMAN, CHARLES R	3018 GREENLEAF DRIVE	ORLANDO FL
D	RESNICK, MICHAEL	150 NARANJA RD	DEBARY FL
D	LAMBERT, CLAUDE	960 SEMINOLE RD	OSTEEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition (blank)

14. I the undersigned 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 address.

SIGNATURE: [signature] – Roy S. Clelland (407) 298-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033371

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY 1[illegible] [illegible] 10:15

[illegible] FLORIDA

DOCUMENT # N14615 **(1)**

1. Corporation Name

BOOK OF BOOKS FOUNDATION INC.

Principal Place of Business	Mailing Address
5233 ROSEN BLVD BOYNTON BEACH FL 33437 US	5233 ROSEN BLVD BOYNTON BEACH FL 33437 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1986**
3a. Date of Last Report: **10/10/1994**
4. FEI Number: **59-2695140** ☐ Applied For ☐ Not Applicable

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

CARLSON, FRED SR.
5233 ROSEN BLVD.
BOYNTON BEACH FL 33437

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 Fred Carlson Sr. 5-15-95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CARLSON, FRED, SR.
STREET ADDRESS	5233 ROSEN BLVD.
CITY, ST, ZIP	BOYNTON BEACH FL
TITLE	DS
NAME	CARLSON, FRED, JR.
STREET ADDRESS	148 BROOK DR
CITY, ST, ZIP	IDAHO SPRINGS CO 80452
TITLE	D
NAME	STEWART, KENNETH
STREET ADDRESS	2925 MCKAY AVE
CITY, ST, ZIP	WINDSOR, ONT.
TITLE	DT
NAME	VAN RYN, TODD
STREET ADDRESS	741 THACKERAY TRAIL
CITY, ST, ZIP	OCONOMOWOC WI 53066
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ 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)(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: Todd Van Ryn 4/28/95 (414) 567-0301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049913

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 ... 10 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # N15759 (6)

1. Corporation Name

JEWISH FAMILY SERVICE OF SARASOTA-MANATEE, INCORPORATED

Principal Place of Business	Mailing Address
% ROSE CHAPMAN 1760 MOUND ST SUITE 202 SARASOTA FL 34236 US	% ROSE CHAPMAN 1760 MOUND ST SUITE 202 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1986
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2693318 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1970 main STreeT	26 1970 main ST
Suite, Apt. #, etc. 22 4th Floor	Suite, Apt. #, etc. 27 4th Floor
City & State 23 SARASOTA, FL.	City & State 28 SARASOTA, FL
Zip 24 34236 — Country 25 USA	Zip 29 34236 — Country 30 USA

5. Certificate of Status Desired [X] — $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 [X] — $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

WIESNER, IRA
1800 2ND ST STE 870
SARASOTA FL 34236

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 617.0502, 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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	DP [X] Change [ ] Addition
NAME	FRIEDMANN, EUGENE	NAME	BLUMENTHAL, RICHARD
STREET ADDRESS	7114 LAKE SIDE DR	STREET ADDRESS	7414 PEARLBush LANE
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34241
TITLE	DVP	TITLE	DVP [ ] Change [ ] Addition
NAME	BLUMENTHAL, RICHARD	NAME	TAICH, ALICE
STREET ADDRESS	7414 PEARLBUSH LANE	STREET ADDRESS	2337 HARBOUR OAKS COURT
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	Longboat Key, FL 34228
TITLE	DVP	TITLE	DVP [ ] Change [ ] Addition
NAME	STOCK, KENNETH	NAME	Manson, GERI Jo
STREET ADDRESS	4749 ANTLER TRAIL	STREET ADDRESS	4937 LAndings Court
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOT
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	STEIN, ELINOR	NAME	
STREET ADDRESS	1945 GULF OF MEXICO DR	STREET ADDRESS	SAME
CITY-ST-ZIP	LONGBOAT KEY FL	CITY-ST-ZIP	
TITLE	TD	TITLE	TD [X] Change [ ] Addition
NAME	SEITMAN, MURRAY	NAME	STOCK, Kenneth
STREET ADDRESS	5644 COUNTRY LAKES DR	STREET ADDRESS	4749 ANTLER TRAIL
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL. 34238
TITLE	M	TITLE	[ ] Change [ ] Addition
NAME	CHAPMAN, ROSE	NAME	
STREET ADDRESS	3425 CLARK RD	STREET ADDRESS	Same
CITY-ST-ZIP	SARASOTA FL	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)(a), 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: Rose Chapman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-12-95 DATE

0016620

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 19 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16501 (1)

1. Corporation Name
MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business
11591 S.W. 220 ST.
GOULDS FL 33170

Mailing Address
11591 S.W. 220 ST.
GOULDS FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1986
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2131540 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WISE, J.C.,
11591 S.W. 220 ST.
GOULDS FL 33170

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

Field	12. Officers and Directors	Field	13. Additions/Changes to Officers and Directors in 12
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	WISE, JAMES C.	1.2 NAME	
STREET ADDRESS	11515 S.W. 220 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, COSTELLO	2.2 NAME	
STREET ADDRESS	11800 S.W. 185 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, BENJAMIN A.	3.2 NAME	
STREET ADDRESS	14800 PIERCE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	POOLE, WILLIE MAE	4.2 NAME	
STREET ADDRESS	11520 S.W. 139 TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GOODING, HOSIE	5.2 NAME	GRIER, JACOB
STREET ADDRESS	22301 S.W. 113 AVE.	5.3 STREET ADDRESS	19400 S. W. 117 AVE.
CITY-ST-ZIP	GOULDS FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	DS	6.1 TITLE	☐ Change ☐ Addition
NAME	POPE, WINIFRED Z.	6.2 NAME	
STREET ADDRESS	11730 S.W. 220 ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL	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)(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: Rev. James C. Wise — Rev. James C. Wise (305)253-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044253

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

DOCUMENT # **N16519** **(3)**

1. Corporation Name

FLORIDA SPORT SHOOTING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8596 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211 US	PO BOX 6906 JACKSONVILLE FL 32211 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2731767 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] — $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 — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CLARK VARGAS
8596 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	HUX, WILL	1.2 NAME	
STREET ADDRESS	2045 GILMORE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	WELHBURG, ALBERT DR.	2.2 NAME	
STREET ADDRESS	6920 S W 28TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD [X] Change [ ] Addition
NAME	KILDAY, RONALD	3.2 NAME	Gallo, Morris
STREET ADDRESS	1790 DODGE CIRCLE NORTH	3.3 STREET ADDRESS	12734 Kenwood Lane, No. 25
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	TD	4.1 TITLE	[ ] Change [ ] Addition
NAME	VARGAS, CLARK	4.2 NAME	
STREET ADDRESS	4524 JULINGTON CREEK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	[XX] Change [ ] Addition
NAME	CLAPP, RODGER	5.2 NAME	DELETE
STREET ADDRESS	4138 YELLOW PINE LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	[ ] Change [ ] Addition
NAME	GLASSCOCK, DENNIS	6.2 NAME	
STREET ADDRESS	3214 LENOX AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(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: _(signature)_ 5/1/95 (904) 721-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0026212