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 MAR 20 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11579

1. Corporation Name: Faithful Few Holiness Church of God, Inc.

Principal Place of Business: 2511 nw 14 Ste, Ft. Laud FL 33311

Mailing Address: 1771 nw 25 Terr, Ft. Laud FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 2511 nw 14 Ste.
Suite, Apt. #, etc.	22
City & State	23 Ft. Laud FL
Zip	24 33311
Country	25
2a. Mailing Address	26 1771 nw 25 Terr
Suite, Apt. #, etc.	27
City & State	28 Ft. Laud FL.
Zip	29 33311
Country	30

3. Date Incorporated or Qualified: November 4, 1985
3a. Date of Last Report: 5-1-94
4. FEI Number: 59-2760699 ☐ 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

9. Name and Address of Current Registered Agent

Charlie Riggins Jr.
1771 nw 25 Terr
Ft. Laud FL 33311

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Charlie Riggins JR
STREET ADDRESS	1771 nw 25 Terr
CITY-ST-ZIP	Ft Laud FL 33311
TITLE	Vice President
NAME	Rosa Riggins
STREET ADDRESS	1771 nw 25 Terr
CITY-ST-ZIP	Ft. Laud FL 33311
TITLE	Chairman
NAME	Sarah Austin
STREET ADDRESS	1029 nw 12 Ste
CITY-ST-ZIP	Ft Laud FL 33311
TITLE	Secretary
NAME	Teresa L. Harris
STREET ADDRESS	5931 nw 15 Str
CITY-ST-ZIP	Sunrise FL 33313
TITLE	Board member (trustee)
NAME	Barbara Harden Murray
STREET ADDRESS	725 W Dania Beach Blvd
CITY-ST-ZIP	Dania FL 33004
TITLE	Trustee
NAME	Isaiah Monroe
STREET ADDRESS	313 nw 10 str
CITY-ST-ZIP	Hallandale FL 33009

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Trustee	☐ Change ☐ Addition
1 2 NAME	Ethelee Knox	
1 3 STREET ADDRESS	901 nw 34 Ave	
1 4 CITY-ST-ZIP	Ft. Laud. FL 33312	
2 1 TITLE	Trustee	☐ Change ☐ Addition
2 2 NAME	Janie Wiggins	
2 3 STREET ADDRESS	1581 nw 32 Ave	
2 4 CITY-ST-ZIP	Ft. Laud FL 33311	
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	(1)	

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: Charlie Riggins Jr. Bishop — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-28-95 Daytime Phone: 305-739-8065

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 # **N12255** **(8)**

1. Corporation Name

WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
110-114 IDA AVENUE LAKE PLACID FL 33852	110-114 IDA AVENUE LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2999557 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

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

9. Name and Address of Current Registered Agent

WOOLNOUGH, OLGA B.
110 IDA AVE.
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Lake Placid FL 85 Zip Code 33852

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 (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WOOLNOUGH, OLGA	12 NAME	
STREET ADDRESS	110 IDA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	JANE, ELIZABETH M.	22 NAME	
STREET ADDRESS	114 IDA AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	JARVIS, PATRICK	32 NAME	
STREET ADDRESS	112 IDA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	JANE, JOHN F.	42 NAME	
STREET ADDRESS	114 IDA AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	JARVIS, ELVA	52 NAME	
STREET ADDRESS	112 IDA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

800001437128
-03/22/95--01112--010
****130.00 ****130.00

3/22/95 MB

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: [signature] 3/15/95 813-465-0217
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0097053