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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:11

DOCUMENT # **N17795** **(8)**

1. Corporation Name

SENATE 38 COUNCIL, INC.

Principal Place of Business	Mailing Address
~~2051 CAPE CORAL PKWY E~~ CAPE CORAL FL US	~~2051 CAPE CORAL PKWY E~~ CAPE CORAL FL US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1986
3a. Date of Last Report: 01/24/1994
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	2a. Mailing Address
21 1718 Cape Coral Pkwy E.	26 1718 Cape Coral Pkwy E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Cape Coral FL	28 City & State: Cape Coral FL
24 Zip: 33904 25 Country: Lee	29 Zip: 33904 30 Country: Lee

9. Name and Address of Current Registered Agent

ROOSA, RICHARD V.S.
1708 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	SCHEALL, THERESA A	12 NAME	
STREET ADDRESS	920 SW 28 TERR	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JOYCE, SYDNEY	22 NAME	
STREET ADDRESS	5496 GOVERNORS DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DUDLEY, FRED R.	32 NAME	
STREET ADDRESS	1708 CAPE CORAL PKWY	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL 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)(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: Sydney Joyce
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — DATE

0018030