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 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N17953 (3)

1. Corporation Name

FLORIDA BUSINESS AND SAFETY CONFERENCE, INC.

Principal Place of Business	Mailing Address
2601 CATTLEMEN ROAD 219 S. ORANGE AVENUE SARASOTA FL 34232-3214	2601 CATTLEMEN ROAD 219 S. ORANGE AVENUE SARASOTA FL 34232-3214

3. Date Incorporated or Qualified: 11/25/1986
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0054562 ☐ Applied For ☐ Not Applicable

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

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

JACOBS, G. W.
2601 CATTLEMEN ROAD
SARASOTA FL 34232-3214

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1 1 TITLE	☐ Change ☒ Addition
NAME	CURRIN, RUSSELL A. JR.	1 2 NAME	
STREET ADDRESS	2601 CATTLEMEN RD	1 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	1 4 CITY ST ZIP	34232
TITLE	VD	2 1 TITLE	☐ Change ☒ Addition
NAME	FOXWORTHY, H.R.	2 2 NAME	
STREET ADDRESS	2601 CATTLEMEN RD	2 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	2 4 CITY ST ZIP	34232
TITLE	PD	3 1 TITLE	☐ Change ☒ Addition
NAME	STOTTLEMYER, CHARLES E.	3 2 NAME	
STREET ADDRESS	2601 CATTLEMEN RD	3 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	3 4 CITY ST ZIP	34232
TITLE	SD	4 1 TITLE	☐ Change ☒ Addition
NAME	KICKLIGHTER, JOHN	4 2 NAME	
STREET ADDRESS	2601 CATTLEMEN RD	4 3 STREET ADDRESS	34232
CITY ST ZIP	SARASOTA FL	4 4 CITY ST ZIP	
TITLE	TD	5 1 TITLE	☐ Change ☒ Addition
NAME	CONYERS, ALBERT L.	5 2 NAME	
STREET ADDRESS	2601 CATTLEMEN RD	5 3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	5 4 CITY ST ZIP	34232
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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] Treasurer 4/26/95 (813)951-3627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Albert L. Conyers

0063427

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DIVISION OF CORPORATIONS

APPROVED AND FILED
95 ... AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18124 (0)

1. Corporation Name

INTERDENOMINATIONAL MINISTERIAL ALLIANCE OF ORLA
NDO AND VICINITY, INC.

Principal Place of Business	Mailing Address
725 S GOLDWYN AVE P.O. BOX 618222 ORLANDO FL 32805	725 S GOLDWYN AVE P.O. BOX 618222 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2918180 ☐ 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 4429 Cypress Street	26 4429 Cypress Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32811 — Country 25 USA	Zip 29 32811 — Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WHITEHURST, JULIA 4739 SPANIEL ST ORLANDO FL 32818	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DENNIS, LEROY	12 NAME	
STREET ADDRESS	1000 GRAND AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, FREDDIE	22 NAME	
STREET ADDRESS	2020 WEST CENTRAL AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WHITEHURST, JULIA	32 NAME	
STREET ADDRESS	4739 SPANIEL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	PINDER, NELSON	42 NAME	
STREET ADDRESS	1001 BETHUNE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WADE, ANDREW T.	52 NAME	
STREET ADDRESS	3316 LAWRENCE A.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	AKER, RALPH	62 NAME	
STREET ADDRESS	3504 ROGERS DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)(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: Julia Eleta Whitehurst Julia-Eleta Whitehurst — 25 April 95 — (407) 298-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004300