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 JUL 13 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20219 (4)

1. Corporation Name

WAKULLA RIVER ESTATES WEST HOMEOWNERS ASSOCIATIO N, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 3. BOX 5425 CRAWFORDVILLE FL 32327 US	ROUTE 3. BOX 5425 CRAWFORDVILLE FL 32327 US

3. Date Incorporated or Qualified: 04/20/1987
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2955859 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 109 Passionflower Lane	26 109 Passionflower Lane
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
COLEMAN, FELICIA RT 3 BOX 5426 CRAWFORDVILLE FL 32327	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 109 Passion Flower Lane. 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	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	WAKOA, CRYSTAL	1.2 NAME	
STREET ADDRESS	RT 3 BOX 5426	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	D ☑ Change ☐ Addition
NAME	COLEMAN, FELICIA	2.2 NAME	
STREET ADDRESS	RT 3 BOX 5425	2.3 STREET ADDRESS	109 Passionflower Lane
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	D ☑ Change ☐ Addition
NAME	BRABHAM, EDNA	3.2 NAME	
STREET ADDRESS	RT 1 BOX 266	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	RETURNED BY MAIL
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

800001540058
-07/18/95--01077--002
****130.00 ****130.00

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: Felicia C Coleman (Felicia C. Coleman) 7-7-95 (904) 644-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002582

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

APPROVED AND FILED
-6-11- 95 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20613

1. Corporation Name
SHOP + SHARE
Tallahassee Interfaith Council

Principal Place of Business
Tallahassee P. O. Box 12551
Treasurer, 32317

Mailing Address
see Katrina White

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3a. Date of Last Report
1994

4. FEI Number
59-2818804
Applied For
Not Applicable

2. Principal Place of Business
21 Tallahassee
Suite, Apt. #, etc.
22 (we do not have office)
City & State
23
Zip
24
County
25

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

Diane Tomasi
3214 Del Rio Terrace
Tallahassee, FL 32312

10. Name and Address of New Registered Agent

81 Name: Katrina WHITE
82 Street Address (P.O. Box Number is Not Acceptable): 1514 INWOOD St.
83 X TALLAHASSEE, FL. 32304
84 X 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 X Katrina White — 6/1/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP: Treasurer! Irma Daleen and CLARK DUANE, P.O. Box 12551, 5809 McFarlane, Tallahassee, Fla. 32317-12551 32303	1.1 TITLE (D) / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP: Treasurers! Irma Daleen, 275 John Knox #4101, Tallahassee, Fla. 32303 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Secretary Margaret Allen-Bergstrom, 1907 Brown Street, Tallahassee, Fla. 32308	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP: Duane Clark, Treasurer, 3809 McFarlane, Tallahassee, Fla. 32303 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: President Sue Spencer (Change) 918 Maplewood Tallahassee, Fla. 32303	3.1 TITLE (D) / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP: Sue Spencer 918 Maplewood Tallahassee, Fla. 32303 ☑ Change ☐ Addition
(D) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Board Member - Vice President Phil Williams / D Tallahassee 2910 Morningside Dr., 32301	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP: 800001540598 -07/18/95--01105--007 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Board Member Sue Klos 383 Castleton Ct., Tallahassee 32312	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP: 800001540598 -07/18/95--01105--008 ******8.75 ******8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Board Member JoAnn L. Anderson 3668 Barbary Dr., 32308	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

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: X Irma C. Daleen, Treasurer, X 5/25/95 681-5440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #