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 22 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20480** **(2)**

1. Corporation Name
ORLANDO ROWING CLUB, INC.

Principal Place of Business	Mailing Address
19 CENTRAL BLVD. ORLANDO FL 32802	P.O. DRAWER 1991 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-2960931 ☐ 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 P.O. Box 547802
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando, FL
Zip 24 / Country 25	Zip 29 32854 / Country 30 USA

9. Name and Address of Current Registered Agent

CROWELL, PATRICK C
19 E. CENTRAL BLVD
ORLANDO FL 32801

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: (If changing Registered Agent, Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DEBRA K.	12 NAME		
STREET ADDRESS	206 DUCAN COURT	13 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL 32779	14 CITY ST ZIP		
TITLE	T/D	21 TITLE		☐ Change ☐ Addition
NAME	REGNIER, MARK	22 NAME		
STREET ADDRESS	2919 HARRISON AVE.	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32804	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HORTON, HOLLY	32 NAME		
STREET ADDRESS	2878 NAPLES DR.	33 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	Director	☒ Change ☐ Addition
NAME	CROWELL, PATRICK C	42 NAME	Evans, Bob	
STREET ADDRESS	510 JENNIE JEWELL DR.	43 STREET ADDRESS	500 Rainbow Dr.	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	Casselberry, FL 32707	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	DENNIS, MARTYN	52 NAME		
STREET ADDRESS	671 NICOLET AVE.	53 STREET ADDRESS		
CITY ST ZIP	WINTER PARK FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	President/Director	☒ Change ☐ Addition
NAME	HOWARD, DOUG	62 NAME	Howard, Doug	
STREET ADDRESS	5591 LONG LAKE DR.	63 STREET ADDRESS	1103 Princeton	
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	Orlando, FL 32804	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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 above, or on an attachment with an address.

SIGNATURE: Debra K. Johnson — 5/16/95 — 407-849-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033397

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FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # N20504 (9)

1. Corporation Name

GREATER MANATEE CHAPTER OF FLORIDA WOMEN IN GOVE RNMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 202 BRADENTON FL 34206	P.O BOX 202 BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1987	3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0066637	Applied For / Not Applicable
5. Certificate of Status Desired: XX	$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: XX	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No	

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 202	26 P.O. BOX 202
Suite, Apt. #, etc: 22 1112 Manatee Ave. W.	Suite, Apt. #, etc: 27
City & State: 23 Bradenton, Florida	City & State: 28 Bradenton, Florida
Zip: 24 34206 — Country: 25 Manatee	Zip: 29 34206 — Country: 30 Manatee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICHERT, IRMA 1112 MANATTEE AVE. W. BRADENTON FL 34205	81 Name: Irma Richert 82 Street Address (P.O. Box Number is Not Acceptable): 1112 Manatee Avenue West 83 84 City: Bradenton, Florida FL 85 Zip Code: 34206

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] 4/19/95
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	PD	1 1 TITLE	President/Director	XX Change ☐ Addition
NAME	MILLS SHARON, B	1 2 NAME	Denise M. Osewalt	
STREET ADDRESS	5208 30TH ST. W.	1 3 STREET ADDRESS	13709 3rd Avenue East	
CITY ST ZIP	BRADENTON FL 34207	1 4 CITY ST ZIP	Bradenton, Florida 34202	
TITLE	VD	2 1 TITLE	Vice President/Director	XX Change ☐ Addition
NAME	OSEWALT, DENISE	2 2 NAME	Shirley Talley	
STREET ADDRESS	13709 3RD AVE E.	2 3 STREET ADDRESS	1810 30th Street West	
CITY ST ZIP	BRANDENTON FL 34202	2 4 CITY ST ZIP	Bradenton, Florida 34205	
TITLE	TD	3 1 TITLE	Treasurer/Director	☐ Change ☐ Addition
NAME	RICHERT, IRMA	3 2 NAME	Irma Richert	
STREET ADDRESS	4005 51ST ST. E.	3 3 STREET ADDRESS	4005 51st Street East	
CITY ST ZIP	BRANDENTON FL 34208	3 4 CITY ST ZIP	Bradenton, Florida 34208	
TITLE	SD	4 1 TITLE	Secretary/Director	XX Change ☐ Addition
NAME	RYAN, MICHELLE	4 2 NAME	Barbara Dittman	
STREET ADDRESS	4115 43RD AVE. W.	4 3 STREET ADDRESS	8112 19th Avenue North West	
CITY ST ZIP	BRANDENTON FL 34205	4 4 CITY ST ZIP	Bradenton, Florida 34209	
TITLE	D	5 1 TITLE	Member-At-Large/Director	XX Change ☐ Addition
NAME	EVANS, LUEWILLARD	5 2 NAME	Margie King	
STREET ADDRESS	P.O. BOX 707 N/A	5 3 STREET ADDRESS	1314 55th Street South	
CITY ST ZIP	BRANDENTON FL 34206	5 4 CITY ST ZIP	Gulfport, Florida 33707	
TITLE	D	6 1 TITLE	Member-At-Large/Director	XX Change ☐ Addition
NAME	ZIMARINO, VICTORIA	6 2 NAME	Geraldine Mosley	
STREET ADDRESS	3415 66TH ST. CT. W.	6 3 STREET ADDRESS	1813 9th Avenue East	
CITY ST ZIP	BRANDENTON FL 34209	6 4 CITY ST ZIP	Bradenton, Florida 34208	

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: Denise M. Osewalt 4/19/95 813-749-1800 EXT 4179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 ... 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N20902 (5)

1. Corporation Name

THE SAM BERMAN CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O SAM BERMAN 4784 N.W. 167TH STREET MIAMI FL 33014	C/O SAM BERMAN 4784 N.W. 167TH STREET MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1987
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2812513 — Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [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

BERMAN, SAM
4784 N.W. 167TH STREET
MIAMI FL 33014

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, SAM	1.2 NAME	
STREET ADDRESS	4784 N.W. 167TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, SAM	2.2 NAME	
STREET ADDRESS	4784 N.W. 167TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, CAROLE	3.2 NAME	
STREET ADDRESS	4784 NW 167 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SUMMERS, JESSE	4.2 NAME	
STREET ADDRESS	1816 GULF LIFE TOWER	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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	
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: Sam Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sam Berman

26 January 1995 — Date
305/624-9666 — Daytime Phone #

0037729

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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
MAY 2? ?? 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N23603** **(6)**

1. Corporation Name

INFANTS IN NEED, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MIAMI MERCHANDISE MART 777 N.W. 72ND AVENUE MIAMI FL 33126	C/O MIAMI MERCHANDISE MART 777 N.W. 72ND AVENUE MIAMI FL 33126

3. Date Incorporated or Qualified: **01/05/1988**
3a. Date of Last Report: **07/11/1994**
4. FEI Number: **65-0020461** ☐ 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
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

RAY, LINDA M.
725 NORTH GREENWAY DR
CORAL GABLES FL 33134

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RAY, LINDA M.	1.2 NAME	
STREET ADDRESS	725 N. GREENWAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, I STANLEY	2.2 NAME	
STREET ADDRESS	1110 BRICKELL AVE. #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	RAY, WENDELL E.	3.2 NAME	
STREET ADDRESS	725 N. GREENWAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES 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	
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0041042