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 JUN -1 AM 11:59

DOCUMENT # N25229 (8)

1. Corporation Name

WORLDWIDE EVANGELISTIC GOSPEL ASSOCIATION OF ESC AMBIA COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 283 CANTONMENT FL 32533	P.O. BOX 283 CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **35-1590091** ☐ 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 3438 W. Luke	26 P.O. Box 283
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola, FL	28 City & State: CANT FL
24 Zip: 32505 25 Country: Esc.	29 Zip: 32533 30 Country: ESC.

9. Name and Address of Current Registered Agent

SMILEY, ANTHONY D.
211 CONCORDIA BLVD.
PENSACOLA FL 32505

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	*PD	11 TITLE	☐ Change ☐ Addition
NAME	SMILEY, EDDIE L.	12 NAME	
STREET ADDRESS	2997 HIGHWAY 95, A NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SMILEY, MARTHA	22 NAME	
STREET ADDRESS	2997 HIGHWAY 95, A NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SMILEY, KEVIN C.	32 NAME	
STREET ADDRESS	2997 HIGHWAY 95, A NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	SMILEY, WAYNE	42 NAME	
STREET ADDRESS	228 SEVILLE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	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)(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: Rev. E. Smiley — April 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607L060

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CORPORATION ANNUAL REPORT **1995**

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DIVISION OF CORPORATIONS

DOCUMENT # N25680 (2)

1. Corporation Name

MEADOW LAKE HOMEOWNERS ASSOCIATION OF EDGEWATER, INC.

Principal Place of Business	Mailing Address
317 PINE BREEZE DRIVE EDGEWATER FL 32141	3001 INDIA PALM DRIVE EDGEWATER FL 32141 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1988
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-3052047 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address: 317 Pine Breeze Dr
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: Edgewater, FL
24	Zip / Country	29 / 30	Zip: 32141-5829 / Country: Volusia

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

BARRETT, PERRY R.
602 INDIAN RIVER BLVD.,
EDGEWATER FL 32312

10. Name and Address of New Registered Agent

81 Name: BARRETT, Perry R.
82 Street Address (P.O. Box Number is Not Acceptable): 3001 India Palm Dr
83
84 City: Edgewater FL 85 Zip Code: 32141

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	P	11 TITLE	D	☐ Change ☒ Addition
NAME	BARRETT, PERRY R.	12 NAME		
STREET ADDRESS	3001 INDIA PALM DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BARRETT, PERRY R.	22 NAME		
STREET ADDRESS	3001 INDIA PALM DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	BARRETT, PERRY R.	32 NAME		
STREET ADDRESS	3001 INDIA PALM DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER 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)(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: Perry R Barrett Perry R. Barrett 17 May, 1995 904/428-8030
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0294018