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 [illegible]

DOCUMENT # **N25956** **(6)**

1. Corporation Name

THE BIBLE WAY SOUL SAVING STATION INC.

Principal Place of Business	Mailing Address
464 NORTH 9TH STREET FORT PIERCE FL 34950 US	POST OFFICE BOX 311 FORT PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/18/1988**
3a. Date of Last Report: **07/21/1994**
4. FEI Number: **59-2749070** ☐ 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

	Principal Place of Business	Mailing Address
2. Principal Place of Business / 2a. Mailing Address		
21 / 26	464 NORTH 9TH STREET	P.O. BOX 311
Suite, Apt. #, etc. 22 / 27		
City & State 23 / 28	FT PIERCE FL	FT PIERCE FL
Zip 24 / 29	34950	34954
Country 25 / 30	ST LUCIE	ST LUCIE

9. Name and Address of Current Registered Agent

MILLS, KENNETH
603 SOUTH 22ND ST.
FT. PIERCE FL 34950

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: KENNETH MILLS Kenneth Mills 5-8-95
Signature, type or print 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	11 TITLE	☐ Change ☐ Addition
NAME	MILLS, KENNETH	12 NAME	
STREET ADDRESS	603 S. 22ND STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, PINKIE	22 NAME	
STREET ADDRESS	5303 SANDIEGO AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	MILLS, DONNA	32 NAME	
STREET ADDRESS	603 S. 22ND STREET	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: KENNETH MILLS Kenneth Mills 5-16-95 407-466-7847
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL 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

FILED

DOCUMENT # N27155 (3)

1. Corporation Name

SARASOTA FOUNDATION FOR CANCER RESEARCH,INC.

Principal Place of Business	Mailing Address
1617 SOUTH TUTTLE AVE. SARASOTA FL 34239	1617 SOUTH TUTTLE AVE. SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1988**
3a. Date of Last Report: **03/01/1994**
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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. **Name and Address of Current Registered Agent**

FULLER, WILLIAM J III
1530 CROSS STREET
SARASOTA FL 34236

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	BUBINAK, JOSEPH F	12 NAME	
STREET ADDRESS	1510 S. TUTTLE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ALONSO, KENNETH	22 NAME	
STREET ADDRESS	1510 S. TUTTLE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ALBRITTON, JOHN M	32 NAME	
STREET ADDRESS	1510 S. TUTTLE AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA 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: J Z Bubinak M.D. 5/22/95 813 957 1611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003797

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CORPORATION ANNUAL REPORT

1995 6-5-95 B-7891-C

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

FILED
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DOCUMENT # N27654 (5)

1. Corporation Name

MARINER HIGH SCHOOL BAND BOOSTERS, INC.

Principal Place of Business	Mailing Address
PO BOX 151042 CAPE CORAL FL 33990-3905	PO BOX 151042 CAPE CORAL FL 33990-3905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-0155622 ☐ 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	26 P.O. Box 151042
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Cape Coral, FL
Zip 24 / Country 25 LEE	Zip 29 33990-3905 / Country 30 Lee

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLOTT, DONNA E. 1236 SANTA BARBARA BOULEVARD CAPE CORAL FL 33991	81 Name: H. Durance Lowendick 82 Street Address (P.O. Box Number is Not Acceptable): 1505 West El Dorado Pkwy 83 84 City: Cape Coral FL 85 Zip Code: 33914

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: H. Lowendick - President — 5-31-95
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	11 TITLE	PRESIDENT / D	☒ Change ☐ Addition
NAME	SMITH, THOMAS	12 NAME	H. DURANCE LOWENDICK	
STREET ADDRESS	1321 SE 2ND ST	13 STREET ADDRESS	1505 W. El Dorado PKWY	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	GABAUER, DAVID	22 NAME	NANCY FROST	
STREET ADDRESS	329 NE 6TH TERR	23 STREET ADDRESS	1305 S.E. 11th Street	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	ANDRESS, KAREN	32 NAME		
STREET ADDRESS	711 S E 9TH PLACE	33 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE	S/D	☒ Change ☐ Addition
NAME	BONELLI, KATHY	42 NAME	MARSHA BINGHAM	
STREET ADDRESS	1236 SANTA BARBARA BLVD	43 STREET ADDRESS	911 S.W. 11th Ave	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	TD	51 TITLE	T/D	☒ Change ☐ Addition
NAME	MILLOTT, DONNA E.	52 NAME	FRANK RHORER	
STREET ADDRESS	1236 SANTABARABARA BOULEVARD	53 STREET ADDRESS	1142 S.W. 5th St.	
CITY-ST-ZIP	CAPE CORAL FL	54 CITY-ST-ZIP	CAPE CORAL, FL 33991	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: H. Lowendick — H. Durance Lowendick — 5-31-95 — (407) 540-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0560783

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CORPORATION ANNUAL REPORT **1995**

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

FILED
STATE

DOCUMENT # N29211 (2)

1. Corporation Name

ROLLINS HOMEOWNERS IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17 ROLLINS AVE. P.O. BOX 32085-3402 ST. AUGUSTINE FL 32085-4023	17 ROLLINS AVE. P.O. BOX 32085-3402 ST. AUGUSTINE FL 32085-4023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/09/1988**
3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2922439** ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROBERSON, WILBER
17 ROLLINS AVE.
ST. AUGUSTINE FL 32084

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	D	11 TITLE	☐ Change ☐ Addition
NAME	IRVIN, ERNEST JR.	12 NAME	
STREET ADDRESS	26 ROLLINS AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRISON, TOMMIE	22 NAME	
STREET ADDRESS	20 ROLLINS AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, BEATRICE	32 NAME	
STREET ADDRESS	16 ROLLINS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DESUE, THOMAS B.	42 NAME	
STREET ADDRESS	24 ROLLINS AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBERSON, WILBER	52 NAME	
STREET ADDRESS	17 ROLLINS AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	VICKER, BARBARA	62 NAME	
STREET ADDRESS	13 SCOTT STREET	63 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE 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: WILBER ROBERSON Wilbur Roberson 5/30/95 - 904-824-5882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0893004

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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N29590 (9)

1. Corporation Name

HIGHLAND POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 120443 CLERMONT FL 34712-0443	PO BOX 120443 CLERMONT FL 34712-0443

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1988**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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

SCHOLTZ KATHELEEN
10735 PT OVERLOOK DR
CLERMONT FL 34711

10. Name and Address of New Registered Agent

91 Name: Schultz, Kathleen
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City: **FL** 95 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	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DAVID	12 NAME	
STREET ADDRESS	11715 LAKE CLAIR CIR	13 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, JEAN	22 NAME	
STREET ADDRESS	10650 PT OVERLOOK DR	23 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, KATHLEEN	32 NAME	
STREET ADDRESS	10735 PT OVERLOOK DR	33 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen Schultz 5/31/95 904-394-7484
(SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Kathleen Schultz

COR0760