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 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28008** **(3)**

1. Corporation Name

CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%JAMES S. HOGE 119 WYNDAM COURT LONGWOOD FL 32779-4616	%JAMES S. HOGE 119 WYNDAM COURT LONGWOOD FL 32779-4616 US

3. Date Incorporated or Qualified: 08/23/1988
3a. Date of Last Report: 06/30/1994

4. FEI Number: 59-3028392 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Z88.3	26 Z88.3
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 400 WEST LAKE BRANTLEY	27 P.O. BOX 607777
City & State	City & State
23 ALTAMONTE SPRINGS FL	28 ORLANDO FL
Zip / Country	Zip / Country
24 32714-2715 / 25 USA	29 32860-7777 / 30 USA

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
HOGE, JAMES S. 119 WYNDAM COURT LONGWOOD FL 32779-4616	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's signature required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE	CDP	11 TITLE	☐ Change ☐ Addition
NAME	HOGE, JAMES S.	12 NAME	
STREET ADDRESS	119 WYNDAM COURT	13 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, RICHARD A.	22 NAME	
STREET ADDRESS	844 TORCHWOOD DR.	23 STREET ADDRESS	
CITY ST ZIP	DELAND FL	24 CITY ST ZIP	
TITLE	D	31 TITLE D/V	☒ Change ☐ Addition
NAME	MOFFIT, THOMAS H., JR.	32 NAME	
STREET ADDRESS	304 CRANE COVE	33 STREET ADDRESS	
CITY ST ZIP	LONGWOOD 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 absolutely true 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: _____ 4/25/95 (407) 869-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0032448

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
FILED
95 MAY -1 PM 0:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28564** **(5)**

1. Corporation Name

OSCEOLA NEW LIFE ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
2269 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744	2269 PARTIN SETTLEMENT ROAD KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2911104 ☐ 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

BARRY, TAYLOR
~~1144 ANNE ELISE CIR~~ 1 Paquin Road
ST. CLOUD FL ~~34772~~ 34769

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's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Deacon	☐ Change ☒ Addition
NAME	BARRY, TAYLOR	12 NAME	Richard Anderson	
STREET ADDRESS	~~1144 ANNE ELISE CIR~~ 1 Paquin Road	13 STREET ADDRESS	512 Dakota Avenue	
CITY ST ZIP	ST CLOUD FL 34769	14 CITY ST ZIP	St. Cloud, FL 34769	
TITLE	VD	21 TITLE	Deacon	☐ Change ☒ Addition
NAME	PANCAKE, WILLIAM	22 NAME	Bill Capranica	
STREET ADDRESS	1950 GRANADA	23 STREET ADDRESS	2512 West Irlo Bronson Mem.Hwy.	
CITY ST ZIP	KISSIMMEE FL	24 CITY ST ZIP	Kissimmee, FL 34741	
TITLE	TD	31 TITLE	Deacon	☐ Change ☒ Addition
NAME	WILKINSON, JIM	32 NAME	Eliot Pena	
STREET ADDRESS	2734 FALLING TREE CIR.	33 STREET ADDRESS	2609 Lanier Road	
CITY ST ZIP	KISSIMMEE FL	34 CITY ST ZIP	Kissimmee, FL 34744	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KITTLE, JACK	42 NAME		
STREET ADDRESS	2441 MILL RUN	43 STREET ADDRESS		
CITY ST ZIP	KISSIMMEE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HUDSON, H.R.	52 NAME		
STREET ADDRESS	2494 ZUNI RD	53 STREET ADDRESS		
CITY ST ZIP	ST. CLOUD FL	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: J. Wilke Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-95
Date

407-847-8222
Daytime Phone #

0020614