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

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DIVISION OF CORPORATIONS
95 FEB 15 PM 3:15

DOCUMENT # N29051 (2)

1. Corporation Name
SIGNS OF WORSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
3341 N.E. 29 AVE. LIGHTHOUSE POINT FL 33064	3341 N.E. 29 AVE. LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1988
3a. Date of Last Report: 07/15/1994
4. FEI Number: 65-0135102 ☐ 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

ROWEN, DONALD
3341 N.E. 29 AVENUE
LIGHTHOUSE POINT FL 33064

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	1.1 TITLE	☐ Change ☐ Addition
NAME	ROWEN, DONALD	1.2 NAME	
STREET ADDRESS	3341 NE 29 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROWEN, ROXANNE	2.2 NAME	
STREET ADDRESS	3341 NE 29 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VICKERS, SHARON	3.2 NAME	
STREET ADDRESS	4821 ANDROS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33407	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)(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 added to the report with an address.

SIGNATURE: _____ 2-7-95 305-782-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD ROWEN - PRESIDENT

0040003

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

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DOCUMENT # N29444 (9)

1. Corporation Name
THE NORTH EAST FLORIDA JAZZ ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O EUGENE ADDISON MCCOY PO BOX 352569 PALM COAST FL 32135-2569	C/O EUGENE ADDISON MCCOY PO BOX 352569 PALM COAST FL 32135-2569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1988	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2831966	☐ 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

MCCOY, EUGENE ADDISON
51 WEBER LANE
PO BOX 352569
PALM COAST FL 32135

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	VP	1.1 TITLE	CHARLES WISE ☐ Change ☐ Addition
NAME	MURIEL, MCCOY	1.2 NAME	
STREET ADDRESS	P.O. BOX 352569 (NA) 51-WEBER LN	1.3 STREET ADDRESS	26-FERNMILL RD
CITY-ST-ZIP	PALM COAST FL 32135	1.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	P	2.1 TITLE	ROBERT ALLEYNE ☐ Change ☐ Addition
NAME	EUGENE, MCCOY	2.2 NAME	P.O. BOX 512
STREET ADDRESS	P.O. BOX 3252569 51-WEBER LN	2.3 STREET ADDRESS	59-WEST ROBIN LN
CITY-ST-ZIP	PALM COAST FL 32135	2.4 CITY-ST-ZIP	PALM COAST, FL 32135
TITLE	C SCHULBERG	3.1 TITLE	THOMAS RADLET ☐ Change ☐ Addition
NAME	MARTY, SCHOLBERG	3.2 NAME	
STREET ADDRESS	209 WELLINGTON DR	3.3 STREET ADDRESS	1-BLAN CT
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	TD	4.1 TITLE	RUDOLPH WHEELER ☐ Change ☐ Addition
NAME	FRAN WISE FRAN WISE	4.2 NAME	
STREET ADDRESS	26 FERNMILL RD	4.3 STREET ADDRESS	3-BLAKE CT
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CLIFF CORBETT	5.2 NAME	
STREET ADDRESS	PO BOX 350913 N/A 107-FT CAROLINE LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32135	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WILHELMINA	6.2 NAME	
STREET ADDRESS	249 BEECHWOOD LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	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: Eugene A. McCoy EUGENE A. MCCOY PRESIDENT FEB. 8, 1995 904-445-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033818

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CORPORATION ANNUAL REPORT 1995

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

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95 FEB 15 PM 3:20

DOCUMENT # N29638 (6)

1. Corporation Name
ANHINGA PRESS, INC.

Principal Place of Business	Mailing Address
419 E. CALL ST. TALLAHASSEE FL 32301 US	PO BOX 10595 TALLAHASSEE FL 32302-0595 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1988
3a. Date of Last Report: 10/06/1994
4. FEI Number: 59-2949702 ☐ 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 RR 1, Box 209D
22 Suite, Apt. #, etc.
23 City & State: Quincy, FL
24 Zip: 32351
25 Country: USA

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

9. Name and Address of Current Registered Agent

CAMPBELL, RICK
RR 1, BOX 209D
QUINCY FL 32351

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	1.1 TITLE	☐ Change ☐ Addition
NAME	BROCK, VAN K.	1.2 NAME	
STREET ADDRESS	419 E. CALL ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	SGOUROS, STEPHANIE	2.2 NAME	
STREET ADDRESS	2750 OLD ST. AUGUSTINE, Y-256	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	CEOD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, RICK	3.2 NAME	
STREET ADDRESS	RR 1, BOX 209D	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, LYNNE	4.2 NAME	
STREET ADDRESS	1812 SKYLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, DONNA J	5.2 NAME	
STREET ADDRESS	1435 S. MERIDIAN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GARDNER, JOAN	6.2 NAME	
STREET ADDRESS	1749 BEECHWOOD CIR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	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: Stephanie Sgouros Stephanie Sgouros 2-8-95 487-9083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037010

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CORPORATION ANNUAL REPORT
✓ 1995

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

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95 FEB 15 PM 3:18

DOCUMENT # ✓ N29695 (6) ✓

1. Corporation Name
✓ MUNICIPIO DE CONSOLACION EN EL EXILIO, INC.

Principal Place of Business	Mailing Address
✓ 8261 SW 28TH STREET C/O FRANCISCO GARCIA VARGAS MIAMI FL 33155	✓ 8261 SW 28TH STREET C/O FRANCISCO GARCIA VARGAS MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ✓ 12/14/1988
3a. Date of Last Report: ✓ 03/31/1994
4. FEI Number: ✓ 59-2369238 — 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

✓ VARGAS, FRANCISCO GARCIA
8261 SW 28TH STREET
MIAMI FL 33155

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	MILLARES, BENIGNO	1.2 NAME	
STREET ADDRESS	3021 NW 15TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	VEGA, PABLO FERNANDES	2.2 NAME	
STREET ADDRESS	10776 N.KENDALL DR.#F16	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	✓ VARGAS, FRANCISCO GARCIA	3.2 NAME	
STREET ADDRESS	8261 SW 28TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI 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)(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: ✓ Francisco Garcia (Treasurer) 1 January 23/95 - 651.4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0043103