

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29097 (5)
1. Corporation Name
BENEVOLENT ASSOCIATION OF COACHMEN, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 02/08/1994
4. FEI Number 65-0076965	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 1318 NW 11TH PLACE FT LAUD FL 33311		Mailing Address 1318 NW 11TH PLACE FT LAUD FL 33311	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
Country	Country	25	30

9. Name and Address of Current Registered Agent

SNYDER, RANCY F.
1318 NW 11TH PLACE
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	☐ Change ☐ Addition
NAME	FIELD, MICHAEL	1.2 NAME	
STREET ADDRESS	4578 NW 90TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	BAXTER, GEORGE	2.2 NAME	BAXTER, GEORGE
STREET ADDRESS	1428 SE 4TH AVENUE #110B	2.3 STREET ADDRESS	NO LONGER A DIRECTOR OR
CITY - ST - ZIP	DEEFIELD BEACH FL	2.4 CITY - ST - ZIP	OFFICER, DELETE HIM
TITLE	VDS	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, RANCY F.	3.2 NAME	
STREET ADDRESS	1318 NW 11TH PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	AVD	4.1 TITLE	☐ Change ☐ Addition
NAME	RENAUD, DARRELL A.	4.2 NAME	
STREET ADDRESS	4121 NE 13TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE 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 110.07(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: Rancy F. Snyder 2/23/95 305-765-1437
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR