

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

50 MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30371** (1)
1. Corporation Name
SALVATION HOLINESS CHURCH INC.

Principal Place of Business: **C/O CLARENCE KENNETH TROUPE, SR.
1390 DIXIE STREET
LAKE CITY FL 32055**

Mailing Address: **C/O CLARENCE KENNETH TROUPE, SR.
1390 DIXIE STREET
LAKE CITY FL 32055**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 36-3615331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent TROUPE, CLARENCE KENNETH SR. 1390 DIXIE STREET LAKE CITY FL 32055	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
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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 of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD TROUPE, CLARENCE K., SR. 1390 DIXIE STREET LAKE CITY FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SCIPPIO, KATHALEEN CELIA 3217 GREG STREET LAKE CITY FL	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD TROUPE, LEATHA RT. 7 BOX 675 LAKE CITY FL	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(6)(b), Florida Statutes. I further certify that the information included in 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 of this report, or on an attachment with an addition.

SIGNATURE: *Clarence K. Troupe Sr.* *Clarence K. Troupe* 5-14-95 (904) 758-3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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APPROVED
5/15/95

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30481 (8)
1. Corporation Name
CHAMBER OF COMMERCE OF CAPE CORAL, INC.

Principal Place of Business 1625 CAPE CORAL PARKWAY P.O. BOX 747 CAPE CORAL FL 33910	Mailing Address 1625 CAPE CORAL PARKWAY P.O. BOX 747 CAPE CORAL FL 33910
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1989	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0120687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2051 Cape Coral Pkwy., State Apt # etc	2a. Mailing Address 26 2051 Cape Coral Pkwy., State Apt # etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 33904	25
29	30

9. Name and Address of Current Registered Agent
**LOCKARD, DOUGLAS W
1625 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name	D, T
82 Street Address (P.O. Box Number is Not Acceptable)	Bernie Braden 1506 SE 14TH Street, #3 Cape Coral, FL 33990
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 137.05(3) and 607.15(2), 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 137.05(5), Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 NAME	D STRICKLAND, MALCOLM L.
12.2 STREET ADDRESS	836 LAFAYETTE ST CAPE CORAL FL
12.3 NAME	D BARTON, RICHARD D.
12.4 STREET ADDRESS	455 CAPE CORAL PKWY. CAPE CORAL FL
12.5 NAME	PM LOCKARD, DOUGLAS W.
12.6 STREET ADDRESS	1625 CAPE CORAL PARKWAY CAPE CORAL FL
12.7 NAME	D GEML, MICHAEL
12.8 STREET ADDRESS	2724 DEL PRADO BLVD CAPE CORAL FL
12.9 NAME	D TARANTINO, VINCENT
12.10 STREET ADDRESS	622 SE 47TH TERR. CAPE CORAL FL
12.11 NAME	DC RINEHART, TODD
12.12 STREET ADDRESS	926 CAPE CAROL PARKWAY E CAPE CAROL FL

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS

13.1 NAME	D, T Bernie Braden	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	1506 SE 14TH Street, #3 Cape Coral, FL 33990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 STREET ADDRESS	2051 Cape Coral Parkway	
13.5 NAME	D, C Richard Wunderlich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 STREET ADDRESS	4049 Del Prado Blvd., S. Cape Coral, FL 33904	
13.7 NAME	D Gloria Tate	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	4812 Cape Coral Street Cape Coral, FL 33904	
13.9 NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the information stated in Section 137.05(1)(b), 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *Douglas W. Lockard* Douglas W. Lockard, Pres. 5/15/95 (813) 549-6900