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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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:15

DOCUMENT # N31311 (6)

1. Corporation Name

THE FRIENDS-PILGRIMS' CHURCHES LAND STEWARDSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
C/O DOLPHUS J. ALLEN, JR. 13500 FRESHMAN LANE FORT MYERS FL 33912	C/O DOLPHUS J. ALLEN, JR. 13500 FRESHMAN LANE FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1989
3a. Date of Last Report: 02/10/1994
4. FEI Number: 65-0109252 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, DOLPHUS J., JR. 13500 FRESHMAN LANE FORT MYERS FL 33912	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 Dolphus J. Allen, Jr. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manual filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE Pres	DP Robert Clark ☐ Change ☐ Addition
NAME	CASON, WILLIAM A	1.2 NAME	
STREET ADDRESS	18293 LEE RD.	1.3 STREET ADDRESS	3740 Del Prado Blvd.
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Cape Coral, FL
TITLE	DV	2.1 TITLE Vice	DV Kenneth Kensinger ☐ Change ☐ Addition
NAME	CLARK, ROBERT M.	2.2 NAME	
STREET ADDRESS	3740 DEL PRADO BLVD.	2.3 STREET ADDRESS	1036 Bayshore Ave.
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Ft Myers, FL
TITLE	DS	3.1 TITLE Sec.	DS Sue Miles ☐ Change ☐ Addition
NAME	MEADOWS, ROBERT	3.2 NAME	
STREET ADDRESS	17603 CAPTIVA ISLAND LANE	3.3 STREET ADDRESS	5804 SW 1st Place
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Cape Coral, Fl
TITLE	DT	4.1 TITLE Tres	DT Howard Leland ☐ Change ☐ Addition
NAME	LELAND, HOWARD	4.2 NAME	
STREET ADDRESS	3520 AVOCADO DR.	4.3 STREET ADDRESS	3520 Avocado Dr.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Ft Myers, FL
TITLE	D	5.1 TITLE	D David Albin ☐ Change ☐ Addition
NAME	COPELAND WILLIAM GREG	5.2 NAME	
STREET ADDRESS	320 PRATHER DR.	5.3 STREET ADDRESS	15048 Cloverdale Dr.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Ft Myers, FL 33919
TITLE		6.1 TITLE	D Glenn Nieland ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	1830 Brantley Rd. J-2
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft Myers, FL

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: Kent Kensinger V. Pres. 2-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0059M02