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 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32805 (6)

1. Corporation Name
TRUE BORN CHURCH OF CHRIST OF THE APOSTOLIC FAITH, OF MIAMI, INC.

Principal Place of Business
11334 N.W. 22ND AVE.
MIAMI FL 33168
US

Mailing Address
P.O. BOX 680580
MIAMI FL 33168
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip 24 Country 25

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

3. Date Incorporated or Qualified: **06/14/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0124935** ☐ 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

9. Name and Address of Current Registered Agent
WILSON, MAMIE
11334 N.W. 22ND AVE.
MIAMI FL 33167

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

12. OFFICERS AND DIRECTORS (Not required if Agent signature required when registering)

TITLE	PSD
NAME	WILSON, MAMIE
STREET ADDRESS	11334 N.W. 22ND AVE.
CITY ST ZIP	MIAMI FL 33167
TITLE	VD
NAME	WILSON, JOHN
STREET ADDRESS	11402 NW 22ND AVE.
CITY ST ZIP	MIAMI FL
TITLE	DT
NAME	WILSON WESTLY
STREET ADDRESS	9000 NW 20TH AVE.
CITY ST ZIP	MIAMI FL
TITLE	TD
NAME	WILSON, MAMIE Y
STREET ADDRESS	11336 NW 22 AVE
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19 (Date)

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I/We 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: PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (MAMIE WILSON) 4/27/95 Date
305 681-7652 Daytime Phone

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
[illegible] AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N32930** **(2)**

1. Corporation Name
ANTHONY HOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6215 HOLLY STREET P.O. BOX 880 ZELLWOOD FL 32798	6215 HOLLY STREET P.O. BOX 880 ZELLWOOD FL 32798

3. Date Incorporated or Qualified: **06/14/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2944839** ☐ 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
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

AGUIRRESAENZ, HERBERT
C/O ANTHONY HOUSE
6215 HOLLY STREET
ZELLWOOD FL 32798

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	VPD	11 TITLE	VPD	☒ Change ☐ Addition
NAME	IBARGUEN, MARY-JEANINE	12 NAME	COOK, STEVE	
STREET ADDRESS	682 GREEN MEADOW AVENUE	13 STREET ADDRESS	1170 ST. FRANCIS PLACE	
CITY ST ZIP	MAITLAND FL 32751	14 CITY ST ZIP	APOPKA, FL 32712	
TITLE	DT	21 TITLE	DT	☒ Change ☐ Addition
NAME	MANISON, HOWARD C P.A.	22 NAME	HART, ELIZABETH	
STREET ADDRESS	1950 LEE RD S107	23 STREET ADDRESS	74 WEST SECOND STREET	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	APOPKA, FL 32703	
TITLE	DPVP	31 TITLE		☐ Change ☐ Addition
NAME	LEE, CHARLES S	32 NAME		
STREET ADDRESS	460 HWY 436	33 STREET ADDRESS		
CITY ST ZIP	CASSELBERRY FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	AGUIRRESAENZ, HERB	42 NAME		
STREET ADDRESS	4562 LEMANS DR	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BARICE, CAROLE JOY	52 NAME		
STREET ADDRESS	216 W SABAL PALM PL	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BORST, JOHN	62 NAME	ROBINSON, DONNA	
STREET ADDRESS	2982 LAKE WOODWARD DRIVE	63 STREET ADDRESS	1219 ADMIRAL DRIVE	
CITY ST ZIP	EUSTIS FL 32726	64 CITY ST ZIP	APOPKA, FL 32703	

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: Herbert Aguirresaenz 4/27/95 904-383-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033231