FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # N34888 (0)

1. Corporate Name

FEDERATION OF KINGS POINT CONDOMINIUMS, INC.

FILED
95 MAY -1 PM 0:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1902 CLUBHOUSE DR STE A ~~P.O. BOX 6530~~ SUN CITY CENTER FL 33573-4351	1902 CLUBHOUSE DR STE A ~~P O BOX 3530~~ SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1989
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-2975259 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1902 CLUBHOUSE DRIVE	26 1902 CLUBHOUSE DRIVE
Suite Apt. #, etc. 22 SUITE A	Suite Apt. #, etc. 27 SUITE A
City & State 23 SUN CITY CENTER, FL	City & State 28 SUN CITY CENTER, FL
Zip / Country 24 33573 / 25 USA	Zip / Country 29 33573 / 30 USA

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	10. Name and Address of New Registered Agent
TANKEL, ROBERT L % BECKER & POLIAKOFF, P.A. 33 NORTH GARDEN AVENUE, SUITE 960 CLEARWATER FL 34615-4116	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☐ Change ☐ Addition
NAME	HUNT PAUL	12 NAME	
STREET ADDRESS	2021 HEREFORD DR.	13 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL 33573	14 CITY ST ZIP	
TITLE	PD	21 TITLE	VD ☒ Change ☐ Addition
NAME	EYE, RAYMOND V.	22 NAME	PELLEGRINO, ART
STREET ADDRESS	1417 LELAND DR.	23 STREET ADDRESS	204 GLENELLEN PLACE
CITY ST ZIP	SUN CITY CENTER 33573	24 CITY ST ZIP	SUN CITY CENTER, FL 33573
TITLE	VD	31 TITLE	PD ☒ Change ☐ Addition
NAME	BLACKWOOD, BOB	32 NAME	BLACKWOOD, BOB
STREET ADDRESS	2302 LANCASTER DR.	33 STREET ADDRESS	2032 LANCASTER DRIVE
CITY ST ZIP	SUN CITY CENTER FL 33573	34 CITY ST ZIP	SUN CITY CENTER, FL 33573
TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
NAME	SOLOMON, IRV	42 NAME	CICOTTE, ROY B.
STREET ADDRESS	2301 LANCASTER DR.	43 STREET ADDRESS	702 MASTERPIECE DRIVE
CITY ST ZIP	SUN CITY CENTER FL 33573	44 CITY ST ZIP	SUN CITY CENTER, FL 33573
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	BEATIE, ROBERT	52 NAME	SEEGER, JAMES
STREET ADDRESS	107 GLENDOWER CIR	53 STREET ADDRESS	1920 NANTUCKET DRIVE
CITY ST ZIP	SUN CITY CENTER FL 33573	54 CITY ST ZIP	SUN CITY CENTER, FL 33573
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LUST, LEO	62 NAME	
STREET ADDRESS	404B FULHAM CT.	63 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL 33573	64 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: Robert L Blackwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
Date

813-633-2083
Daytime Phone #

001382

N34888

D
KRAJEWSKI, PAUL
1806-B FOXHUNT DRIVE
SUN CITY CENTER, FL 33573

D
GREENE, RON
1903 HANSON COURT
SUN CITY CENTER, FL 33573

D
JONES, MEL
233 GLOUCESTER BOULEVARD
SUN CITY CENTER, FL 33573

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
FILED

[illegible] 9:17

[illegible] STATE
[illegible], FLORIDA

DOCUMENT # N34932 (6)

1. Corporation Name

GREEN COVE SPRINGS PRESERVATION SOCIETY, INC.

Principal Place of Business	Mailing Address
% STEPHEN J DUVAL 2301 PARK AVE. STE 402 ORANGE PARK FL 32073	% STEPHEN J DUVAL 2301 PARK AVE. STE 402 ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1989	3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2955403	☐ Applied For ☐ Not Applicable

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

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

DUVAL, STEPHEN J.
2301 PARK AVENUE
SUITE 402
ORANGE PARK FL 32073

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

TITLE	D
NAME	DUVAL, STEPHEN J
STREET ADDRESS	500 MYRTLE AVE
CITY ST ZIP	GREEN COVE SPRGS FL
TITLE	T
NAME	DUVAL, SHIRLEY E
STREET ADDRESS	[illegible] MYRTLE AVE
CITY ST ZIP	GREEN COVE SPRGS FL
TITLE	D
NAME	DUNNAVANT, SANDRA
STREET ADDRESS	303 N MAGNOLIA ST
CITY ST ZIP	GREEN COVE SPRGS FL
TITLE	PD
NAME	PAINE, BOB
STREET ADDRESS	730 MYRTLE AVE.
CITY ST ZIP	GREEN COVE SPRGS FL
TITLE	SD
NAME	BEATTY, JOAN
STREET ADDRESS	112 GOVERNOR ST.
CITY ST ZIP	GREEN COVE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: Shirley E Duval   Shirley E. Duval   4/28/95   904 269-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000169

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

ACCEPTED AND FILED

95 APR 24 PM 2:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N34933** **(4)**

1. Corporate Name

DARLINGTON BAPTIST CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 2, BOX 359 WESTVILLE FL 32464	ROUTE 2, BOX 359 WESTVILLE FL 32464

3. Date Incorporated or Qualified: 10/26/1989

3a. Date of Last Report: 01/09/1995

4. FEI Number: 59-3310491 APPLIED FOR ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4751 State Highway 2 East	26 4751 State Highway 2 East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 4751 State Highway 2 East	27 4751 State Highway 2 East
City & State	City & State
23 Westville, FL	28 Westville, FL
Zip / County	Zip / County
24 32464 / 25 U.S.A.	29 32464 / 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required 61.25

8. This corporation has [illegible] Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, RALPH D ROUTE 2, BOX 359 WESTVILLE FL 32464	81 Name: Ralph D. Miller 82 [illegible] (P.O. Box Number is Not Acceptable): 5010 State Highway 2 East 83 84 City: Westville **FL** 85 Zip Code: 32464

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: Ralph D. Miller — Ralph D. Miller, Registered Agent — 03/24/95 (DATE)

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	WARD, L L	12 NAME	Ward, L.L.	
STREET ADDRESS	ROUTE 2, BOX 200	13 STREET ADDRESS	6125 Highway 181 East	
CITY ST ZIP	WESTVILLE FL 32464	14 CITY ST ZIP	Westville, FL 32464	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	PRYOR, TED F	22 NAME	Pryor, Ted F.	
STREET ADDRESS	ROUTE 2, BOX 342	23 STREET ADDRESS	2002 Yorkey Road	
CITY ST ZIP	WESTVILLE FL 32464	24 CITY ST ZIP	Westville, FL 32464	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, RALPH D	32 NAME	Miller, Ralph D.	
STREET ADDRESS	ROUTE 2, BOX 359	33 STREET ADDRESS	5010 State Highway 2 East	
CITY ST ZIP	WESTVILLE FL 32464	34 CITY ST ZIP	Westville, FL 32464	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph D. Miller — Ralph D. Miller — 03/24/95 — 904-859-2713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

000003