

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

APPROVED AND FILED

55 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N35114** (0)
1. Corporation Name

**DOWNTOWN OPTIMIST CLUB OF ST. PETERSBURG, FLORIDA
A. INC.**

Principal Place of Business Mailing Address
1320 50TH AVE NE ST PETERSBURG FL 33703 **1320 50TH AVE NE ST PETERSBURG FL 33703**

2. Principal Place of Business 2a. Mailing Address
21 **4666-29th AVE. No.** 26 **SAME**
22 **St. PETERSBURG, FL.** Suite, Apt #, etc.
23 **33713** City & State 28
24 Zip 25 **USA** Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **11/08/1989** 3a. Date of Last Report **04/22/1994**
4. FEI Number **NOT APPLICABLE** 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
HAYWORTH, VI
1320- 50TH AVE NE
ST. PETERSBURG FL 33703-3206

10. Name and Address of New Registered Agent
81 Name **RIC CARVALIS**
82 Street Address (P.O. Box Number is Not Acceptable) **4666-29th AVE. No.**
83
84 City **ST. PETERSBURG** FL 85 Zip Code **33713**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	RIC CARVALIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARREIRO, KAREN	1.2 NAME	4666-29th AVE. No.
STREET ADDRESS	3930-61ST ST NORTH	1.3 STREET ADDRESS	ST. PETERSBURG, FL. 33713
CITY, ST, ZIP	ST. PETERSBURG FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	JG GARDNER BAYLESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, JOHNNY	2.2 NAME	181-78th AVE. No.
STREET ADDRESS	3535- 1ST AVE NO.	2.3 STREET ADDRESS	ST. PETERSBURG, FL. 33702
CITY, ST, ZIP	ST. PETERSBURG FL	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	S Vi HAYWORTH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENLON, RICHARD K.	3.2 NAME	1320-50th AVE. NE
STREET ADDRESS	2971 ESTANCIA BLVD #323	3.3 STREET ADDRESS	ST. PETERSBURG, FL. 33703-3206
CITY, ST, ZIP	CLEARWATER FL 34621	3.4 CITY, ST, ZIP	
TITLE	T	4.1 TITLE	T KAREN NORTHRUP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, BETTIE S.	4.2 NAME	2142 PINELLAS PT. DR. 50.
STREET ADDRESS	2281-41ST ST NO.	4.3 STREET ADDRESS	ST. PETERSBURG, FL. 33712
CITY, ST, ZIP	ST. PETERSBURG FL	4.4 CITY, ST, ZIP	
TITLE	P	5.1 TITLE	D RONALD SCHMIDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWORTH, VI	5.2 NAME	215-85th AVE. #2
STREET ADDRESS	2281-41ST ST. N.	5.3 STREET ADDRESS	TREASURE ISLAND, FL. 33706
CITY, ST, ZIP	ST PETE FL	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	D KAREN CARREIRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, ROBERT	6.2 NAME	3930-61st STREET No.
STREET ADDRESS	6513-68TH AV NO.	6.3 STREET ADDRESS	ST. PETERSBURG, FL. 33709
CITY, ST, ZIP	PINELLAS PARK FL	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 119.07(3)(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 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, upon an attachment with an address.

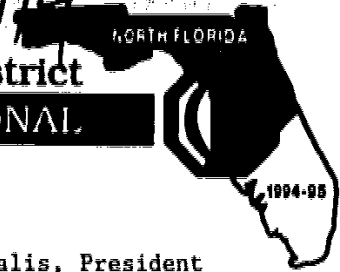
SIGNATURE: *[Signature]*
RIC CARVALIS, PRESIDENT

4/25/95 813/327-0096

N35114

North Florida District

OPTIMIST INTERNATIONAL



DOWNTOWN OPTIMIST CLUB
4666 29th AVENUE NORTH
ST. PETERSBURG, FLORIDA 33713

Ric Carvalis, President
Gardner Bayless, Vice President
Vi Hayworth, Secretary
Karen Northrup, Treasurer

813/327-0096

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CORP. ANNUAL REPORT
DOCUMENT # N35114

ADDITIONAL DIRECTORS

LISA LEONARD
844 - 45th AVE. NE
ST. PETERSBURG, FL. 33703

BETTY JO CARVALIS
4666 - 29th AVE. NO.
ST. PETERSBURG, FL. 33713

SHARON DENNANY
7212 - 35th AVE. NO.
ST. PETERSBURG, FL. 33710

DORIS STEPHENS
8409 - 17th STREET NO.
ST. PETERSBURG, FL. 33702

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ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Tallahassee, Florida
Tallahassee, Florida

DOCUMENT # **N35248 (6)**

EAST BAY BAPTIST CHURCH OF NAVARRE, INC.

APR 25 11 01:25
RECORDING STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:	Mailing Address:
NELTA F BRAND 2125 FOX DEN DRIVE NAVARRE FL 32566	NELTA F. BRAND 2125 FOX DEN DRIVE NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3019801	Applied For Not Applicable

2. Principal Place of Business:	2a. Mailing Address:
21. East Bay Baptist Church of Navarre Inc. State, Apt #, etc.	26. Michaela C. Worsham State, Apt #, etc.
22. 6935 Navarre Pkwy. City & State	27. 3159 Hickory St. City & State
23. Navarre, FL Zip	28. Navarre, FL Zip
24. 32566	25. Santa Rosa
29. 32566	30. Santa Rosa

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <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. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BRAND, NELTA F.
2125 FOX DEN DRIVE
NAVARRE FL 32569**

10. Name and Address of New Registered Agent

81 Name Michaela C. Worsham
82 Street Address (P.O. Box Number is Not Acceptable) 3159 Hickory St.
83
84 City Navarro, FL
85 Zip Code 32566

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: Michaela C. Worsham *Michaela C. Worsham* 4/25/95

12. OFFICERS AND DIRECTORS

11. TITLE D	12. NAME FAUST, ROBERT	13. STREET ADDRESS RT. 1, 9 FOX DEN DRIVE	14. CITY, ST, ZIP NAVARRE FL
15. TITLE D	16. NAME BRAND, PHILLIP R.	17. STREET ADDRESS 2125 FOX DEN DRIVE	18. CITY, ST, ZIP NAVARRE FL
19. TITLE D	20. NAME BRAND, NELTA F.	21. STREET ADDRESS 2125 FOX DEN DRIVE	22. CITY, ST, ZIP NAVARRE FL
23. TITLE D	24. NAME REIER, JUDITH	25. STREET ADDRESS 8207 MOLINA DRIVE	26. CITY, ST, ZIP NAVARRE FL
27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY, ST, ZIP
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY, ST, ZIP
35. TITLE	36. NAME	37. STREET ADDRESS	38. CITY, ST, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

39. TITLE	40. NAME	41. STREET ADDRESS	42. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
43. TITLE	44. NAME	45. STREET ADDRESS	46. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
47. TITLE	48. NAME	49. STREET ADDRESS	50. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
55. TITLE	56. NAME	57. STREET ADDRESS	58. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
59. TITLE	60. NAME	61. STREET ADDRESS	62. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, (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 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 of this report or on an attachment with an address.

SIGNATURE: Michaela C. Worsham *Michaela C. Worsham* 4/25/95 904 939-2377

SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **N35456 (5)**
1. Corporation Name
SOUTHEASTERN THEOLOGICAL SEMINARY, INC.

APR 25 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **6134 SHETLAND ROAD JACKSONVILLE FL 32211**
Mailing Address: **6134 SHETLAND ROAD JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
22
23
24

2a. Mailing Address
25
26
27
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3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-2982778**
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
**VIVONI, JOFFRE P.
6134 SHETLAND RD.
JACKSONVILLE FL 32211**

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 the 4 applicants) (NOTE: Registered Agent signature required after re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VIVONI, JOFFRE P.
STREET ADDRESS	6134 SHETLAND RD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DV
NAME	VIVONI, ELIA E.
STREET ADDRESS	6134 SHETLAND RD.
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	DS
NAME	WILLIAM, BEVERLY
STREET ADDRESS	607 S ELM ST
CITY, ST, ZIP	TALLULAH LA
TITLE	DT
NAME	CLARY, PATRICIA
STREET ADDRESS	3838 MUIRFIELD BLVD E
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: *Dr. Joffre P. Vivoni* **DR. Joffre P. Vivoni** 4/28/95 (904) 744-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Prefix)

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CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

MAY - 1 AM 9:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N35567** (9)
 1. Corporation Name
THE OASIS SENIOR EXPRESS, INC.

Principal Place of Business Mailing Address
1 TAMPA CITY CENTER SUITE 2848 TAMPA FL 33602
1 TAMPA CITY CENTER SUITE 2848 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1989** 3a. Date of Last Report **06/30/1994**
 4. FEI Number **59-2482914** 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 **XXX** **\$68.75** Supplemental Fee Not Required
 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BAKAS, JOHN
 MCWHIRTER, GRANDOFF & REEVES
 201 E. KENNEDY BLVD. - SUITE 800
 TAMPA FL 33602**

10. Name and Address of New Registered Agent
 81 Name **Patrick, Stacy Y.**
 82 Street Address (P.O. Box Number is Not Acceptable) **Aidman, Piser & Company**
 83 **101 E. Kennedy Blvd #1960**
 84 City **Tampa, FL** 85 Zip Code **33602**

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 *Stacy Y. Patrick* **Stacy Y. Patrick** 4-28-95
(Signature of Registered Agent and the Approver) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DAVIDSON, LEAH P O BOX 320001 NA TAMPA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	D Davidson, Leah P.O. Box 320001 NA Tampa, FL 33679-2001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SENK, PAM 7307 NOVA CIR TAMPA FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D TUTTLE, MARY LOU 911 SO. OREGON TAMPA FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	D Englund, Gary 14925 Lake Forest Drive Lutz, FL 33549 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RICHEY, LARRY 1 TAMPA CITY CTR #1900 TAMPA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DT PATRICK, STACY 101 E KENNEDY BLVD #1960 TAMPA FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ED HANNA, TERESA 1 TAMPA CITY CTR #2848 TAMPA FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 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(3)(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 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 any attachment with an address.

SIGNATURE: *Teresa Hanna* **Teresa Hanna** 3-24-95 813-248-5200
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Phone Number)