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

DOCUMENT # **N38291** **(3)**

1. Corporation Name

TRINIDAD & TOBAGO ASSOCIATION OF CENTRAL FLORIDA , INC.

200001480012*
-05/09/95--01020--015
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 13907 ST. PETERSBURG FL 33733	P O BOX 13907 ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0221875 ☐ 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 [redacted] County 29	Zip 31 County 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 C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERTS, LIONEL V.
2725 66TH TERRACE, SOUTH
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name: MADO JAIMANGAL
82 Street Address (P.O. Box Number is Not Acceptable): 6598 18 ST N
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MADO JAIMANGAL Mado Jaimangal DATE: 3-14-95
* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE: P	☒ Change ☐ Addition
NAME	ROBERTS, LIONEL V	12 NAME: Jaimangal, Mado	
STREET ADDRESS	2725 66TH TERRACE, SOUTH	13 STREET ADDRESS: 6598 18th St. North	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	14 CITY-ST-ZIP: St. Petersburg, FL 33702	
TITLE	S	21 TITLE: S	☒ Change ☐ Addition
NAME	GROSVENOR, SANDRA	22 NAME: merlene Roberts	
STREET ADDRESS	1953 67TH AVENUE, SOUTH	23 STREET ADDRESS: 2725 66th Terrace South	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	24 CITY-ST-ZIP: St. Petersburg, FL 33702	
TITLE	VP	31 TITLE: D	☒ Change ☐ Addition
NAME	JAIMANGL, MADO	32 NAME: Graham, Ted	
STREET ADDRESS	65-98 18 ST	33 STREET ADDRESS: 7100 34th St. South	
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP: St. Petersburg, FL 33713	
TITLE	T	41 TITLE: T	☒ Change ☐ Addition
NAME	KOEING, LEE	42 NAME: Curve, Myrna	
STREET ADDRESS	1280 OAKBROOK DRIVE, SW	43 STREET ADDRESS: 3361 Millwood Ln.	
CITY-ST-ZIP	LARGO FL	44 CITY-ST-ZIP: Clearwater, FL 34683	
TITLE	D	51 TITLE: D	☒ Change ☐ Addition
NAME	MILLET, LEO	52 NAME: Grosvenor, St. Clair	
STREET ADDRESS	470 22ND AVENUE, SE	53 STREET ADDRESS: 1953 67th Ave. South	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	54 CITY-ST-ZIP: St. Petersburg, FL 33712	
TITLE	D	61 TITLE: D	☒ Change ☐ Addition
NAME	LEE, ATHEA	62 NAME: VALENTINE MARSHALL	
STREET ADDRESS	1441 SHELL FLOWER DR	63 STREET ADDRESS: 2182 CARDING CT SOUTH UNIT B	
CITY-ST-ZIP	BRANDON FL	64 CITY-ST-ZIP: ST. PETERSBURG, FL 33712	

DM 5/11

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: Mado Jaimangal Pres. 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
813-327-0695

0000550

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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39627** **(7)**

1. Corporation Name
FAMILY WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
2724 N.W. 45TH PLACE GAINESVILLE FL 32605	2724 N.W. 45TH PLACE GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3022768 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YOUNG, ALONZO W REV
2724 N.W. 45TH PLACE
GAINESVILLE FL 32605

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ALONZO REV	12 NAME	
STREET ADDRESS	2724 NW 45TH PLACE	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CHURCHWELL, RAYNARD J REV	22 NAME	100001472891
STREET ADDRESS	2930 SW 23 TERRACE #104	23 STREET ADDRESS	-05/03/95--01050--018
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	****130.00 ****130.00
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LESLIE, RON	32 NAME	
STREET ADDRESS	P.O. BOX 5 N/A	33 STREET ADDRESS	
CITY ST ZIP	ALACHUA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILCOX, RALPH W	42 NAME	
STREET ADDRESS	4300 NW 23RD AVE.	43 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	
TITLE	ST	51 TITLE	☐ Change ☐ Addition
NAME	JEFFERY, GWENDOLYN	52 NAME	
STREET ADDRESS	4038 SW 21 LANE	53 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	YOUNG, VICKIE D	62 NAME	
STREET ADDRESS	2724 N.W. 45TH PLACE	63 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	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: Alonzo W. Young 4-21-95 904-373-0303
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0020406