

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

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1000 N. GULF BLVD
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N41064 (9)
1. Corporation Name
THE WAYNE M. DENSCHE CHARITABLE FOUNDATION, INC.

Principal Place of Business Mailing Address
**35347 FOX RUN CIR 35347 FOX RUN CIR
EUSTIS FL 32736 EUSTIS FL 32736**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/29/1990** 3a. Date of Last Report **08/09/1994**
4. FEI Number **59-3061098** 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. The 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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH FL 32114**

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 of current registered agent, if applicable) _____ (Signature of new registered agent, if applicable) _____ (Date)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY, ST, ZIP
SD **BEARY, RAYMOND E.** **950 N ORLANDO AVE STE 300** **WINTER PARK FL**
TD **BOWMAN, MARTHA A.** **35347 FOX RUN CIR** **EUSTIS FL**
PD **DAUGHERTY, MAX** **35347 FOX RUN CIR** **EUSTIS FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
14. TITLE NAME STREET ADDRESS CITY, ST, ZIP
15. TITLE NAME STREET ADDRESS CITY, ST, ZIP
16. TITLE NAME STREET ADDRESS CITY, ST, ZIP
17. TITLE NAME STREET ADDRESS CITY, ST, ZIP
18. TITLE NAME STREET ADDRESS CITY, ST, ZIP
19. TITLE NAME STREET ADDRESS CITY, ST, ZIP
20. TITLE NAME STREET ADDRESS CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the purposes stated in Section 199.031(9)(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 recipient of my own appointment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of attached Form CD-900.

SIGNATURE: *Max W Daugherty* **Max W Daugherty** 3/28/95 (904) 589-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **N41756** (0)
1. Corporation Name:
EMILIO MIYARES POLICE MEMORIAL FOUNDATION INC.

Principal Place of Business: **14000 SW 38 ST MIAMI FL 33175**
Mailing Address: **14000 SW 38 ST MIAMI FL 33175**

2. Principal Place of Business: **21**
2a. Mailing Address: **25**
State, Apt # etc: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

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MAY 18 AM 10:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/18/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0234668**
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(2)? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MIYARES, LEONARDO
656 E 47 ST
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL**

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 of Registered Agent (Registered Agent must be typed after filing)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | MIYARES, LEONARDO |
| STREET ADDRESS | 656 E 47 ST |
| CITY, ST, ZIP | HIALEAH FL |
| TITLE | VSD |
| NAME | MIYARES, TERESA |
| STREET ADDRESS | 260 W 57 ST |
| CITY, ST, ZIP | HIALEAH FL |
| TITLE | TD |
| NAME | IGLESIA, JOSE |
| STREET ADDRESS | 670 E 47 ST |
| CITY, ST, ZIP | HIALEAH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

| | |
|-------------------|---|
| 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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(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 in person. 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 as an attachment with an address.

SIGNATURE: *Leonardo Miyares* **LEONARDO MIYARES** **5/12/95** **(305) 519-0245**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N42130** (7)

T. Corporation Name

LOWER KEYS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O JAMES BISHOP
ROUTE 5 BOX 812 HELEN RD.
BIG PINE KEY FL 33043
US

P. O. BOX 212
BIG PINE KEY FL 33043
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1991**
3a. Date of Last Report: **04/14/1994**
4. FEI Number: **59-2035632**
Applied For:
Not Applicable:

2. Principal Place of Business

21. **90 Rudy Bishop**
Suite Apt. #, etc.

22. **PO Box 430420**
City & State

23. **Big Pine Key, FL**
Zip

24. **33043**

25. **Monroe**

26. **90 Rudy Bishop**
Suite Apt. #, etc.

27. **PO Box 430420**
City & State

28. **Big Pine Key - 71**
Zip

29. **33043**

30. **Monroe**

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

6. Has text Campaign Financing Local 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. 199.037 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISHER, JAMES A
ROUTE 5 BOX 812 HELEN ROAD
RR 5 BOX 342
BIG PINE KEY FL 33043

81. Name: **Rudy Bishop**

82. Street Address (P.O. Box Number is Not Acceptable): **LOT 7 - ENTERPRISE ST**

83.

84. City: **Big Pine Key** FL 85. Zip Code: **33043**

11. Pursuant to the provisions of Sections 607.01(1), (2), and 607.1508, Florida Statutes, the above named corporation certifies 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, thereby, discharging the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.01(2)(b), Florida Statutes.

SIGNATURE: **Rudy Bishop** (Signature) **Rudy Bishop** (Typed Name) **1/26/95** (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL REGISTERED AGENTS

| | |
|------------------|------------------------------------|
| TITLE | P |
| NAME | BISHER, JAMES A |
| STREET ADDRESS | HELEN ROAD, ROUTE 5 BOX 812 |
| CITY, STATE, ZIP | BIG PINE KEY FL |
| TITLE | VP |
| NAME | BADMAN, LOU |
| STREET ADDRESS | ROUTE 3 BOX 253R BAHAMA ST. |
| CITY, STATE, ZIP | BIG PINE KEY FL |
| TITLE | VP |
| NAME | COOPER, BARRY |
| STREET ADDRESS | ROUTE 3 BOX 253G BAHAMA ST. |
| CITY, STATE, ZIP | BIG PINE KEY FL |
| TITLE | D |
| NAME | BADMAN, PATRICIA |
| STREET ADDRESS | RT 3 BOX 253R BAHAMA ST. |
| CITY, STATE, ZIP | BIG PINE KEY FL |
| TITLE | D |
| NAME | MOORE, DOROTHY |
| STREET ADDRESS | EDEN PINES ROUTE 3 BOX 195H |
| CITY, STATE, ZIP | BIG PINE KEY FL |
| TITLE | D |
| NAME | GOTTHARDT, WILLIAM |
| STREET ADDRESS | LANDERS ST. RR3 BOX 256B |
| CITY, STATE, ZIP | BIG PINE KEY FL |

| | |
|------------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rudy Bishop |
| STREET ADDRESS | PO Box 430420 NA |
| CITY, STATE, ZIP | Big Pine Key, FL 33043-0420 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP BOB MOORE |
| STREET ADDRESS | R3 Box 195H NA |
| CITY, STATE, ZIP | Big Pine Key 71-33043 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP William Turner |
| STREET ADDRESS | R2 Box 119D NA |
| CITY, STATE, ZIP | Summerland Key - 71-33042 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Neva Bishop |
| STREET ADDRESS | PO Box 430420 NA |
| CITY, STATE, ZIP | Big Pine Key 71 33043-0420 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D Dick Bauer |
| STREET ADDRESS | RS Box 865 NA |
| CITY, STATE, ZIP | Big Pine Key 71-33043 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D William Gotthardt |
| STREET ADDRESS | Landers St RR3 Box 216B |
| CITY, STATE, ZIP | Big Pine Key 71 33043 |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(2)(b), Florida Statutes. I further certify that this information is in effect on the annual report or supplemental annual report as 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rudy Bishop** (Signature) **Rudy Bishop** (Typed Name)

5/1/95 (Date) **305-8724352** (Phone Number)