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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

|  | 1996   | Con its  | ~                                     | DIVISION OF   | CORPOR   | RATIO  | NS   |   |  |                                       |  |   |
|--|--|--|---------------------------------------|---|--|--|--|---|--|---------------------------------------|--|---|
| OCUI<br>Corporation  | MENT #   | N41780   | 0                                     | (0)   |  |  |  |   |  |                                       |  |   |
| •  |  | THODIST CHU  | RCH, INC                              | 0.  |  |  |  | 4 184/105                                       | li <b>č</b> ir <b>č</b> rčka kone 1000 |                                       |  | *** *** *** ***                               |
| incipal Place  | e of Business  |  | Mailing                               | Address   |  |  |  |   |  |                                       |  |   |
|  |  |  |                                       |   |  |  |  |   |  |                                       | •  |   |
| HIGHWAY 22<br>Post offic<br>Lawtey fl  | CE BOX 226   |  | POST                                  | WAY 225<br>OFFICE BOX 22                                | 26   |  |  | ļ   |  |                                       |  |   |
| LKWIET FL  | 32000  |  | LAWI                                  | EY FL 32058   |  |  |  |   | orated or Qualifie                     | ed 3                                  | a. Date of Las<br>07/03/   |   |
| Principal Pl   | lace of Business   |  | _                                     | ing Address   |  | ·  |  | 4. FEI Number                                   |  |                                       |  | Applied For                                   |
| Suite, Apt.  | #, etc.  |  | 26 Suite                              | e, Apt. #, etc.   |  |  |  | 38-3  | 187572                                 |                                       | 60.7   | Not Applicab                                  |
|  |  |  | 27                                    | ,   |  |  |  | 5. Certificate of                               | of Status Desired                      |                                       |  | 5 Additional<br>Required                      |
| City & State   | e  |  | City 28                               | & State   |  |  |  |   | mpaign Financing<br>Contribution       | , D                                   |  | 00 May Be                                     |
| Zip  | 25   | ountry   | Zip                                   |   | -  | untry  |  |   | ation has liability f                  |                                       |  | s. 199.032,                                   |
|  |  | ddress of Current  | 29<br>Registered                      | Agent   | 30   | Т  |  | Florida State  10. Name and                     | utes Address of Nev                    |                                       | s No   |   |
|  |  |  | · · · · · · · · · · · · · · · · · · · |   |  | 81   | Name   | <u></u>   |  | B                                     |  |   |
|  | AS, BETTY  |  |                                       |   |  | 82   | Street Add   | iress (P.O. Box Num                             | ber is Not Accep                       | table)                                |  |   |
| HIGHWA   | AY 225<br>Y FL 32058   |  |                                       |   |  | 83   |  | <del></del>                                     | ·                                      | ····                                  | <del></del>  |   |
| DAMIE  | 1 FL 32038   |  |                                       |   |  | 63   |  |   |  |                                       |  |   |
|  |  |  |                                       |   |  | 84   | City   |   |  |                                       | 85 Z   | ip Code                                       |
| Or register  | ed agent, or both, if  | Sections 617.0502 a<br>the State of Florida<br>bligations of, Section  | i. Such chan                          | ide was authoriz  | ea by the  | ove-na<br>corpor   | mad sarpar   | ration submits this s<br>rd of directors. I her | tatement for the period accept the a   | · · · · · · · · · · · · · · · · · · · | f changing its<br>nt as registere  | registered off<br>d agent. I am               |
| familiar wit   | th, and accept the c   | name of registered agent an  | n 617.0503,                           | Florida Statutes  | OTE: Registere   | corpor   | med corpor<br>ation's boar   | ird of directors. I her                         | eby accept the a                       | purpose o<br>ppointme                 | f changing its<br>nt as registered   | d agent. I am                                 |
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| familiar wit   | Signature, typed or printed  TR  WAINWRIGHT  | name of registered agent an OFFICERS AND   | n 617.0503,                           | Florida Statutes  | DIE: Registered  | d Agent s  | med corpor<br>ation's boar   | ird of directors. I her                         | eby accept the a                       | purpose o<br>ppointme                 | of changing its that as registered to  | d agent. I am ORS IN 12                       |
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SIGNATURE: \_

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dolla Della Della Deputing Proce 1