SUITE. 157       SUITE. 157         JACKSONVILLE FL 32211       JACKSONVILLE FL 32211         CHAnge Zip Code       Code         2. Principal Place of Business       2a. Mailing Address         21       26         Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27         City & State       City & State         23       29         24       322 77         9. Name and Address of Current Registered Agent       1         81       Name	
DOCUMENT #       N43069       (6)         FAITH ALIVE MINISTRIES, INC.         Principal Place of Business       Mailing Address         3336 UNIVERSITY BLV0       3536 UNIVERSITY BLVD         SUITE. 157       JACKSONVILLE FL 32211         JACKSONVILLE FL 32211       JACKSONVILLE FL 32211         SUITE. 157       JACKSONVILLE FL 32211         SUITE. Apt. #, etc.       Zal         Zip       Country         Zip       Country         Zip       Country         J. 322 7 7       Zsi         SURE, GARY L.       State         12322 TREE WAY LN       State Address         JACKSONVILLE FL 32258       B33         B4       City & State         SIGNATURE       State Address         JACKSONVILLE FL 32258       Intrue         TILE       PTD         SIGNATURE       State ALD Address         JACKSONVILLE FL       OPFICERS AND DIRECTORS         SIGNATURE       PSOCHER, GARY L.         12323 TREE WAY LN       JACK	
FAITH ALIVE MINISTRIES, INC.         Principal Place of Business       Mailing Address         3536 UNIVERSITY BLVD       3536 UNIVERSITY BLVD         SUITE. 157       SUITE. 157         JACKSONVILLE FL 32211       JACKSONVILLE FL 32211         CHAMGE       Zip         CHAMGE       Zip         Suite, Apt. #, etc.       Zip         Zip       Country         Zip       State         Zip       Zip         Country       Zip         Zip       State         Zip       State         Zip       Country         Zip       State         Zip       State         Zip       State         Zip       State         Zip       State         Zip       <	Date Incorporated or Qualified     04/18/1991     FEI Number     59-3069817     Not Applied For     Not Applied For     Not Applicabl     Certificate of Status Desired     Election Campaign Financing     Trust Fund Contribution     Added to Fees     Is this nonprofit corporation a homeowners association?     Yes     No     This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)     FL     85     Zip Code     on submits this statement for the purpose of changing its registered     board of directors. I hereby accept the appointment as registered     an reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
3536 UNIVERSITY BLVD     3536 UNIVERSITY BLVD       SUITE. 157     JACKSONVILLE FL 32211       JACKSONVILLE FL 32211     JACKSONVILLE FL 32211       CHANGE. 2ip Cate     JACKSONVILLE FL 32211       CHANGE. 2ip Cate     JACKSONVILLE FL 32211       Suite, Apt. #, etc.     Za. Mailing Address       Zip     Zol       City & State     Zal       Zip     Country       Zip     Zol       Zip     Country       Zip     Zol       Zip     Country       Zip     Zol       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zol       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zol       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zol       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zip       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zip       Suite, Apt. #, etc.     Zip       Zip     Country       Zip     Zip       Zip     Zip       Zip     Zip       Zip     Zip	Date Incorporated or Qualified     04/18/1991     FEI Number     59-3069817     Not Applied For     Not Applied For     Not Applicabl     Certificate of Status Desired     Election Campaign Financing     Trust Fund Contribution     Added to Fees     Is this nonprofit corporation a homeowners association?     Yes     No     This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)     FL     85     Zip Code     on submits this statement for the purpose of changing its registered     board of directors. I hereby accept the appointment as registered     an reinstating)     DATE     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SUITE 157       SUITE 157         JACKSONVILLE FL 322HT       JACKSONVILLE FL 322HT         Zip       Zat         Suite, Apt. #, etc.       Zat         Zip       Zat         City & State       City & State         Zip       Zat         Zip       Country         Zat       Zat         Suite, Apt. #, etc.       Zat         Zip       Country         Zat       Zat         Suite, Apt. #, etc.       Zat         Zip       Country         Zat       Zat         Suite, Apt. #, etc.       Zat         Zat       Zat         Suite, Apt. #, etc.       Zat         Zat       Zat         Suite, Apt. #, etc.       Zat         Suite, Apt. #, etc.       Zat         Zat       Zat         Suite, Apt. #, etc.       Zat         Zat       Zat         Suite, Apt. #, etc.       Zat         Zat       Zat         Suite, Apt. #, etc.       <	04/18/1991         FEI Number         59-3069817         Not Applied For         S. Certificate of Status Desired         S. Election Campaign Financing         Trust Fund Contribution         Added to Fees         Is this nonprofit corporation a homeowners association?         Yes         Property Tax due June 30.         Name and Address of New Registered Agent         P.O. Box Number is Not Acceptable)         Con submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered board of directors. I hereby accept the appointment as registered board of directors. I hereby accept the appointment as registered board of DIRECTORS IN 12
2. Principal Place of Business       2a. Mailing Address         21       26         Suite, Apt. #, etc.       27         22       27         City & State       28         21       29         22       27         23       29         24       29         29       29         29       322 7 7         20       29         30       9. Name and Address of Current Registered Agent         1       81         BOCHER, GARY L.       81         1232 TREE WAY LN       82         JACKSONVILLE FL 32258       83         84       City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent, I am familiar with, and accept the-obligations of, Section 617.0503, Florida Statutes, the above-named corporation's agent, I am familiar with, and accept the-obligations of, Section 617.0503, Florida Statutes, Signature required with and accept the-obligations of, Section 617.0503, Florida Statutes, Ite above-named corporation's agent, I am familiar With, and accept the-obligations of, Section 617.0503, Florida Statutes, Ite above-named corporation's agent, I am familiar With, and accept the-obligations of, Section 617.0503, Florida Statutes, Ite above-named corporation's agent, I am familiar With, and accept the-obligations of, Section 617.0503, Florida Statutes, Ite above-named corporation's agent, I am familiar With, and	59-3069817       Not Applicable         Certificate of Status Desired       \$8.75 Additional Fee Required         Election Campaign Financing Trust Fund Contribution       \$4.00 May Be Added to Fees         Is this nonprofit corporation a homeowners association?       Yes         Yes       No         This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.       Image: Constraint of the current year Intangible Personal Property Tax due June 30.         Name and Address of New Registered Agent       P.O. Box Number is Not Acceptable)         P.O. Box Number is Not Acceptable)       EL         85       Zip Code         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
21       26         Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27         City & State       City & State         23       28         24       322 77         25       29         30       30         9. Name and Address of Current Registered Agent       1         80CHER, GARY L.       30         12932 TREE WAY LN       32 27 7         JACKSONVILLE FL 32258       83         84       City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signature required agent or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.         SIGNATURE       Signature required with and accept the obligation of a state of Florida. Statutes and the corporation's agent. I am familiar with, and accept the obligation of a state of florida. The corporation's agent. I am familiar with and accept the obligation of a state accept by the corporation's agent. I am familiar with and accept the obligation of a state accept by the corporation's agent. I am familiar with and accept the obligation and the state of Florida. State accept by the corporation's accept by the corpora	Fee Required         Fee Required         Election Campaign Financing         Trust Fund Contribution         Yes         Yes         This corporation owes or has paid the current year Intangible         Personal Property Tax due June 30.         Name and Address of New Registered Agent         P.O. Box Number is Not Acceptable)         FL         85         Zip Code         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27         City & State       City & State         23       28         24       322 7 7         25       29         32       29         322 7 7       25         29       32 2 7 7         30       9. Name and Address of Current Registered Agent         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporat office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent, I am familing with, and accept the colligations, of Section 817.0503, Florida Statutes.         SIGNATURE       Signametry of protect brokes have of doubled spate and title 4 apticable.         SIGNATURE       OFFICERS AND DIRECTORS         12.       OFFICERS AND DIRECTORS         13.       11 ITTLE         NAME       BOCHER, GARY L.         11.       12 BURAL         12.       OFFICERS AND DIRECTORS         13.       13.         1111LE       NAME         12022 TREE WAY LN       13 STREET ADDRESS	Election Campaign Financing Trust Fund Contribution     Added to Fees     Added to Fees     Added to Fees     Is this nonprofit corporation a homeowners association?     Yes     No     This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Name and Address of New Registered Agent     P.O. Box Number is Not Acceptable)     FL     85     Zip Code     on submits this statement for the purpose of changing its registered     board of directors. I hereby accept the appointment as registered     an reinstating)     DATE     Added to Fees
28       28         Zip       Country       Zip       Country         24       322 7 7       25       29       322 7 7       30         9. Name and Address of Current Registered Agent       1       1         BOCHER, GARY L.       81       Name         12932 TREE WAY LN       33       84       City         JACKSONVILLE FL 32258       83       84       City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.       83         SIGNATURE       Signature required with and accept the obligations of, Section 617.0503, Florida Statutes.       Inter explore printer name of regulated agant and the # apticable.       INTE: Registered Agent signature required with and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signature required with and accept the obligations of, Section 617.0503, Florida Statutes.       INTE: Agent signature required with a gate addites.         11LE       PTD       DELETE       11.111LE         NAME       BOCHER, GARY L.       13.518ET ADDRESS         12932 TREE WAY LN       13.518ET ADDRESS       14.017+.5121P         ITTLE       VPS       DELETE       2.1171LE         NAME       BOCHER, ANNE	Yes No     This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.     Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)      FL     85 Zip Code on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered an reinstating)     DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Zip       Country       Zip       Country         24       32277       25       29       32277       30         9. Name and Address of Current Registered Agent       1         BOCHER, GARY L.       81       Name         12932 TREE WAY LN       82       Street Address         JACKSONVILLE FL 32258       83       84         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent, i and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.       83         SIGNATURE       Signame Street Model agent and the 1 application.       (NOTE: Registered Agent signature required with and accept the obligations of, Section 617.0503, Florida Statutes.       Signame Street Address         Signame Street Accept the obligations of, Section 617.0503, Florida Statutes.       (NOTE: Registered Agent signature required with a statutes.         Signame Street Accept the obligations of accept the obligations of section 817.0503, Florida Statutes.       (NOTE: Registered Agent signature required with 12.         OFFICERS AND DIRECTORS       13.         TITLE       PTD       DELETE       11 time         NAME       BOCHER, ANNE M.       13 street Address         Street Address       12932 TREE WAY LN       13 street Address         Street Address       12932 TREE WAY LN       24 ctry-st	A This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.     A Name and Address of New Registered Agent P.O. Box Number is Not Acceptable)      EL 85 Zip Code on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered an reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
81       Name         BOCHER, GARY L.         12932 TREE WAY LN         JACKSONVILLE FL 32258         83         84         City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE         SIGNATURE         NUME         SIGNATURE         SIGNATURE         SIGNATURE         NUME         SIGNATURE         NUME         SIGNATURE         NUME         SIGNATURE         NUME         SIGNATURE         NUME         SIGNATURE         NUME         SIGNATION PRIMARIAND NUME OF REGISTRICK Agent signature required we statutes.         SIGNATURE         NUME         SIGNATURE PTD         ITTLE         NAME         SIGNATURE PTD <td>P.O. Box Number is Not Acceptable)           FL         85         Zip Code           on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)         DATE           ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         DATE         DATE</td>	P.O. Box Number is Not Acceptable)           FL         85         Zip Code           on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)         DATE           ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         DATE         DATE
BOCHER, GARY L.       82       Street Address         12932 TREE WAY UN       33         JACKSONVILLE FL 32258       83         84       City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent. I am familiar with, and accept the colligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signal Provisions of Printee Name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the colligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signal Printee Name of registered Agent signature required with signature required with a split signature required with signature required with signature required with signature required with a split signature required with signature required with a split signature required with a split signature required with signature required with a split sisplit signature required with a split signa	FL       85       Zip Code         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12932 TREE WAY LN JACKSONVILLE FL 32258       83         84       City         11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signal Higher State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.         SIGNATURE       Signal Higher State of Florida again and the # applicable.         ITTLE       PTD         STREET ADDRESS       13.         ITTLE       PTD         JACKSONVILLE FL       10 ELETE         12.3 STREET ADDRESS       12932 TREE WAY LN         STREET ADDRESS       12932 TREE WAY LN <t< td=""><td>FL       85       Zip Code         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</td></t<>	FL       85       Zip Code         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered         an reinstating)       DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
and NSONVILLE TE SE230       84       City       11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.       SIGNATURE       Signame Provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.       SIGNATURE       Signame Provisions of Restance agent and the if applicable.       (NOTE: Registered Agent signature required we signature required we signature required we signature required we signature to regulate the obligation of the spatial agent and the if applicable.       (NOTE: Registered Agent signature required we signature required we signature required we signature to regulate the spatial agent and the if applicable.       (NOTE: Registered Agent signature required we signature required we signature required we signature required we signature to regulate the spatial agent accept the obligation of the spatial agent accept	FL         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered an reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the colligations of, Section 817.0503, Florida Statutes.         SIGNATURE	FL         on submits this statement for the purpose of changing its registered board of directors. I hereby accept the appointment as registered an reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE       Mid-         Signal Types or printee Theme of registered agent and life if applicable.       (NOTE: Registered Agent signature required with a policable.         12.       OFFICERS AND DIRECTORS       13.         TITLE       PTD       IDELETE       1.1 TITLE         NAME       BOCHER, GARY L.       1.2 NAME         STREET ADDRESS       12932 TREE WAY LN       1.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       1.4 CITY-ST-ZIP         TITLE       VPS       IDELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.2 NAME       2.3 STREET ADDRESS         STREET ADDRESS       12932 TREE WAY LN       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         TITLE       D       IDELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         TITLE       D       IDELETE       3.1 TITLE         NAME       VICK, HAROLD       3.2 NAME       3.3 STREET ADDRESS         STREET ADDRESS       7070 PERKE DR       3.3 STREET ADDRESS       3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE       Mid-         Signal Types or printee Theme of registered agent and life if applicable.       (NOTE: Registered Agent signature required with a policable.         12.       OFFICERS AND DIRECTORS       13.         TITLE       PTD       IDELETE       1.1 TITLE         NAME       BOCHER, GARY L.       1.2 NAME         STREET ADDRESS       12932 TREE WAY LN       1.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       1.4 CITY-ST-ZIP         TITLE       VPS       IDELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.2 NAME       2.3 STREET ADDRESS         STREET ADDRESS       12932 TREE WAY LN       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         TITLE       D       IDELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP         TITLE       D       IDELETE       3.1 TITLE         NAME       VICK, HAROLD       3.2 NAME       3.3 STREET ADDRESS         STREET ADDRESS       7070 PERKE DR       3.3 STREET ADDRESS       3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.       OFFICERS AND DIRECTORS       13.         TITLE       PTD       IDELETE       1.1 TITLE         NAME       BOCHER, GARY L.       1.2 NAME         STREET ALDRESS       12932 TREE WAY LN       1.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       1.4 CITY-ST-ZIP         TITLE       VPS       IDELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.2 NAME         STREET ADDRESS       12932 TREE WAY LN       2.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       2.4 CITY-ST-ZIP         TITLE       D       IDELETE       3.1 TITLE         NAME       VICK, HAROLD       32 NAME       32 STREET ADDRESS         STREET ADDRESS       7070 PERKE DR       3.3 STREET ADDRESS       3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE       PTD       I DELETE       1.1 TITLE         NAME       BOCHER, GARY L.       1.2 NAME         STREET AEDRESS       12932 TREE WAY LN       1.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       1.4 CITY-ST-ZIP         TITLE       VPS       I DELETE       2.1 TITLE         NAME       BOCHER, ANNE M.       2.2 NAME         STREET ADDRESS       12932 TREE WAY LN       2.3 STREET ADDRESS         CITY-ST-ZIP       JACKSONVILLE FL       2.4 CITY-ST-ZIP         TITLE       D       I DELETE       3.1 TITLE         NAME       VICK, HAROLD       3.2 NAME       3.3 STREET ADDRESS         STREET ADDRESS       7070 PERKE DR       3.3 STREET ADDRESS       3.3 STREET ADDRESS	
STREET ADDRESS     12932 TREE WAY LN     1.3 STREET ADDRESS       CITY-ST-ZIP     JACKSONVILLE FL     1.4 CITY-ST-ZIP       TITLE     VPS     1 DELETE     2.1 TITLE       NAME     BOCHER, ANNE M.     22 NAME       STREET ADDRESS     12932 TREE WAY LN     23 STREET ADDRESS       CITY-ST-ZIP     JACKSONVILLE FL     2.4 CITY-ST-ZIP       TITLE     D     1 DELETE     3.1 TITLE       NAME     VICK, HAROLD     32 NAME       STREET ADDRESS     7070 PERKE DR     3.3 STREET ADDRESS	
CITY-ST-ZIP         JACKSONVILLE FL         14 CITY-ST-ZIP           TITLE         VPS         DELETE         2.1 TITLE           NAME         BOCHER, ANNE M.         22 NAME           STREET ADDRESS         12932 TREE WAY LN         23 STREET ADDRESS           CITY-ST-ZIP         JACKSONVILLE FL         2.4 CITY-ST-ZIP           TITLE         D         DELETE         3.1 TITLE           NAME         VICK, HAROLD         32 NAME         33 STREET ADDRESS           STREET ADDRESS         7070 PERKE DR         33 STREET ADDRESS         33 STREET ADDRESS	
TITLE     VPS     DELETE     2.1 TITLE       NAME     BOCHER, ANNE M.     22 NAME       STREET ADDRESS     12932 TREE WAY LN     23 STREET ADDRESS       CITY-ST-ZIP     JACKSONVILLE FL     2.4 CITY-ST-ZIP       TITLE     D     DELETE     3.1 TITLE       NAME     VICK, HAROLD     32 NAME       STREET ADDRESS     7070 PERKE DR     3.3 STREET ADDRESS	,
NAME     BOCHER, ANNE M.     2.2 NAME       STREET ADDRESS     12932 TREE WAY LN     2.3 STREET ADDRESS       CITY-ST-ZIP     JACKSONVILLE FL     2.4 CITY-ST-ZIP       TITLE     D        NAME     VICK, HAROLD     3.1 TITLE       STREET ADDRESS     7070 PERKE DR     3.3 STREET ADDRESS	Change Additio
STREET ADDRESS     12932 TREE WAY LN     23 STREET ADDRESS       CITY-ST-ZIP     JACKSONVILLE FL     2.4 CITY-ST-ZIP       TITLE     D     DELETE     3.1 TITLE       NAME     VICK, HAROLD     32 NAME       STREET ADDRESS     7070 PERKE DR     3.3 STREET ADDRESS	
CITY-ST-ZIP     JACKSONVILLE FL     2.4 GITY-ST-ZIP       TITLE     D	
NAME VICK, HAROLD 32 NAME 32 NAME 5TREET ADDRESS 7070 PERKE DR 33 STREET ADDRESS	,
STREET ADDRESS 7070 PERKE DR 3.3 STREET ADDRESS	Change 🗌 Addition
CITY-ST-ZIP JACKSONVILLE FL 34 DITY-ST-ZIP	
	Change Addition
NAME MILLER, DAVID BRUCE 4.2 NAME	
STREET ADDRESS 1714 STRAND ST 4.3 STREET ADDRESS	
CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         D	Change Additio
NAME ALLEN, STEVE 52 NAME	
STREET ADDRESS 1310 E NEPTUNE GROVE DR 5.3 STREET ADDRESS	
CITY-ST-ZIP NEPTUNE BEACH FL 54 CITY-ST-ZIP	
	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this annual report or supplemental annual report is true and accurate and that my signature st	
officer or director of the corporation or the receiver or tructee empowered to execute this report as required Block 12 or Block 13 if changed, of on an attachment with an address.	ail have the same legal effect as it made under oath; that I am an
	ail have the same legal effect as it made under oath; that I am an