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

APPROVED AND FILED

95 MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45048 (8)

1. Corporation Name

CITIZENS AGAINST PET OVERPOPULATION, INC.

Principal Place of Business	Mailing Address
1300 N.W. 31ST AVE. FT. LAUDERDALE FL 33311	1300 N.W. 31ST AVE. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1991	3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0329248	☐ 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 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

MATLUK-BOISSEAU, SALLY E.
1300 N.W. 31ST AVE.
FT. LAUDERDALE FL 33311

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 title if applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MATLUK-BOISSEAU, SALLY E
STREET ADDRESS	1219 S.W. 5TH CT
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	WRONA, DARLENE
STREET ADDRESS	810 S.W. 5TH AVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	GONZALEZ, MARIA
STREET ADDRESS	6461 S.W. 20TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Sally E. Matluk Boisseau 5/14/95 305-463-8905
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

0046090

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APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995 5 19 95 B-6810 XC

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

DOCUMENT # N45158 (5)

1. Corporation Name

ORLANDO GRACE CHURCH, INC.

Principal Place of Business	Mailing Address
1015 MAITLAND CENTER COMMONS STE 101 MAITLAND FL 32751 US	P O BOX 940305 MAITLAND FL 32794

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1991
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-3086658 — [ ] 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 [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

SIMS, DAVID A
500 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	[ ] Change [ ] Addition
NAME	ELMQUIST, GREG	12 NAME	
STREET ADDRESS	195 LAKE SEMINARY CIR	13 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	D [X] Change [ ] Addition
NAME	JORDAN, CHARLIE	22 NAME	COMBS, RICK
STREET ADDRESS	6420 ORANGE BAY AVE	23 STREET ADDRESS	7206 Kensington High Blvd.
CITY, ST, ZIP	ORLANDO FL	24 CITY, ST, ZIP	Orlando, FL 32818
TITLE	D	31 TITLE	D [X] Change [ ] Addition
NAME	CLEVELAND, HAROLD	32 NAME	mitchell, chuck
STREET ADDRESS	1212 FOXFORREST CIRCLE	33 STREET ADDRESS	165 Spring Chase Circle
CITY, ST, ZIP	APOPKA FL	34 CITY, ST, ZIP	Altamonte Springs, FL 32714
TITLE	D	41 TITLE	[X] Change [ ] Addition
NAME	PATRICK, DON	42 NAME	Delete
STREET ADDRESS	111 W. PRINCETON ST	43 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, RAYMOND	52 NAME	
STREET ADDRESS	411 SPRING VALLEY LN	53 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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: Rick Combs — Rick Combs — 5/15/95 — 407-660-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033090

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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N45242** **(7)**

1. Corporation Name
FLORIDA FOUNDATION FOR FUTURE SCIENTISTS, INC.

Principal Place of Business	Mailing Address
ROOM #111, NORMAN HALL UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-2053	ROOM #111, NORMAN HALL UNIVERSITY OF FLORIDA GAINESVILLE FL 32611-2053

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/19/1991
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-6155014 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 111 Norman Hall - UF		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Limited Liability Company Limited Liability Partnership ☐	$5.00 May Be Added to Fees
22	27 Box 117035		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28 Gainesville, Florida		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	
24 / 25	29 32611-7035 / 30 USA		

9. Name and Address of Current Registered Agent

ABBOTT, ELIZABETH F.
111 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611-2053

10. Name and Address of New Registered Agent

81 Name: Mary Jo Koroly, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Norman Hall - University of Florida
83: Box 117035
84 City: Gainesville **FL** 85 Zip Code: 32611-7035

11. Pursuant to the provisions of Section 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: Mary Jo Koroly
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	E/D	TITLE	D ☒ Change ☐ Addition
NAME	ABBOTT, ELIZABETH F. DR.	NAME	Mary Jo Koroly Dr.
STREET ADDRESS	UNIV. OF FLA, RM 111	STREET ADDRESS	111 Norman Hall - University of Florida
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	Gainesville, FL 32611-7035
TITLE	ESD	TITLE	☒ Change ☐ Addition
NAME	ARNOLD, LUTHER A. DR.	NAME	DELETE
STREET ADDRESS	220 S. BROADWAY #1207	STREET ADDRESS	
CITY-ST-ZIP	ROCHESTER MN	CITY-ST-ZIP	
TITLE	C/D	TITLE	☐ Change ☐ Addition
NAME	GAITHER, ROBERT B. DR.	NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	T/D	TITLE	☒ Change ☐ Addition
NAME	HANSINGER, MICHAEL J. DR	NAME	DELETE
STREET ADDRESS	FLA MUSEUM/NATURAL HIST	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	PAULIN, DEBORAH E	NAME	
STREET ADDRESS	UNIV OF FLA, ROOM 111	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	
TITLE	C/D	TITLE	☐ Change ☐ Addition
NAME	INGRAM, SYLVIA	NAME	
STREET ADDRESS	UNIV OF FLA, RM 111	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and that I am qualified for the exemption claimed 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Mary Jo Koroly Mary Jo Koroly, Ph.D. 904-392-2310
(Signature and typed or printed name of signing officer or director) (Date) (Area Code & Daytime Phone Number)

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