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 18 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47773 (9)

1. Corporation Name

FLORIDA HOUSE FOUNDATION OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
3406 PALM BEACH BLVD FT MYERS FL 33905 US	3406 PALM BEACH BLVD FT MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0333586 ☐ 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 24 / Country 25	Zip 29 / Country 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRANDT, ROYAL A.
3406 PALM BEACH BLVD
FT MYERS FL 33905

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 IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JONES, DELL	12 NAME	
STREET ADDRESS	321 LITTLE GROVE	13 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL 33917	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	CERNEY, WILL	22 NAME	
STREET ADDRESS	5371 DELMONTE CT	23 STREET ADDRESS	
CITY ST ZIP	CAPE CORAL FL 33904	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SCHOLLE, RAE ANN	32 NAME	
STREET ADDRESS	1880 STEVENSON ROAD	33 STREET ADDRESS	
CITY ST ZIP	NORTH FORT MYERS FL 33917	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	HENLEY, JAMES	42 NAME	
STREET ADDRESS	~~17457 HOMEWOOD ROAD~~	43 STREET ADDRESS	17261 ORIOLE RD.
CITY ST ZIP	FORT MYERS FL 33912	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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(i)(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: Dell Jones Dell Jones 3/3/95 813 997-7669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0059833

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48044 (4)

1. Corporation Name

SANDERSON CONGREGATIONAL HOLINESS CHURCH, INC.

Principal Place of Business: PO BOX 561, GLEN ST MARY FL 32040

Mailing Address: PO BOX 561, GLEN ST MARY FL 32040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2247902 — Applied For / Not Applicable

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

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

9. Name and Address of Current Registered Agent

LYONS, ORAL E.
WESTSIDE ST
GLEN ST MARY FL 32040

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LYONS, ORAL E.	12 NAME		
STREET ADDRESS	P.O. BOX 138 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	STOKES, VERNICE E.	22 NAME		
STREET ADDRESS	P.O. BOX 561 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	DEACON T	☒ Change ☐ Addition
NAME	DANIEL, ROY E.	32 NAME	David Parrish	
STREET ADDRESS	P.O. BOX 174 N/A	33 STREET ADDRESS	PO Box 573	
CITY-ST-ZIP	GLEN ST. MARY FL	34 CITY-ST-ZIP	MacclENNY, Fl 32063	
TITLE	D	41 TITLE	DEACON	☒ Change ☐ Addition
NAME	BARTON, ALVIN	42 NAME	Floyd W. Rhoden	
STREET ADDRESS	RT 1 BOX 43 N/A	43 STREET ADDRESS	Rt 2 Box 1767	
CITY-ST-ZIP	MACCLENNY FL	44 CITY-ST-ZIP	Glen St. Mary, Fl 32040	
TITLE	D	51 TITLE	James H. Mobley (Deacon)	☒ Change ☐ Addition
NAME	GODWIN, ALFRED	52 NAME	Po Box 98HA	
STREET ADDRESS	P.O. BOX 98 N/A	53 STREET ADDRESS	Glen St. Mary, Fl 32040	
CITY-ST-ZIP	GLEN ST. MARY 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: Vernice E. Stokes, Secretary & Treas. — 5-14-95 — (904) 353-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VERNICE E. STOKES