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 FEB 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001404815
-02/14/95--01001--013
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N51396 (2)

1. Corporation Name

IGLESIA AMOR & PAZ, INC.

Principal Place of Business	Mailing Address
5229 PALM BEACH BLVD. FT. MYERS FL 33905 US	17 LOUISIANA RD. LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 10/21/1992
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0373950 ☐ 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
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

SANTIAGO, DOMINGO
17 LOUISIANA RD.
LEHIGH ACRES FL 33936

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	VELAZQUEZ, HERNAN	1.2 NAME	NOT LONGER OFFICER	
STREET ADDRESS	423 VALLEY DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	☐ Change ☐ Addition	
NAME	SANTIAGO, GLADYS	2.2 NAME		
STREET ADDRESS	17 LOUISIANA RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition	
NAME	VELAZQUEZ EDIL	3.2 NAME	CELESTE SANTIAGO	
STREET ADDRESS	423 VALLEY DR	3.3 STREET ADDRESS	17 LOUISIANA Road	
CITY-ST-ZIP	LEHIGH AERES FL 33936	3.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33936	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition	
NAME	MELENDEZ, AGUSTIN	4.2 NAME		
STREET ADDRESS	876 JARMILA LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CH	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Celeste Santiago 1/12/95 (813)369-7542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000489

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB -9 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00493 (7)

1. Corporation Name

COASTAL CONSERVATION ASSOCIATION, INC.

Principal Place of Business / Mailing Address

DBA FLORIDA CONSERVATION ASSN. same
905 E. Park Ave.
Tallahassee, FL 32301-9646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/83
3a. Date of Last Report: 04/27/94
4. FEI Number: 74-1984482 ☐ 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

Forsgren, Ted
905 East Park Avenue
Tallahassee, FL 32301-9646

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is NOT Acceptable) 900001403410 -02/10/95--01065--002
83 *****61.25 *****61.25
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
DC - Green, Scott 905 East Park Avenue Tallahassee, FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP DC - Pinder, John 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition ✓
DVC - Pinder, John 905 East Park Avenue Tallahassee, FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP DVC - Eppley, Bill 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition
PD - Shropshire 905 East Park Avenue Tallahassee, FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP PD - Oglesby, Bob 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition
DVP - Cannon, Rick 905 East Park Avenue Tallahassee, FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP DVP - Fuess, Tom 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition
DS - Oglesby, Bob 905 East Park Avenue Tallahassee, FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP DS - McFadden, Jeff 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition
DT - Semago, John 905 East Park Avenue Tallahassee, FL	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP DT - Semago, John 905 East Park Avenue Tallahassee, FL	☒ Change ☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: D.C. Covert 1/31/95 407-672-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
General Manager