SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $125 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:22

DOCUMENT # N93000002249 (1)

1. Corporation Name

RIVER OF LIFE INTERNATIONAL OUTREACH CENTER, INC

Principal Place of Business	Mailing Address
15713 MAPLEDALE BLVD. TAMPA FL 33624 US	15713 MAPLEDALE BLVD. TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3177532 ☐ 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 ☐ FILING FEE IS $61.25
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

ROBERTS, DAN
15713 MAPLEDALE BLVD.
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: GREGORY F. BOYER
82 Street Address (P.O. Box Number is Not Acceptable): 2522 LAKE ELLEN LANE
83
84 City: TAMPA FL 85 Zip Code: 33618

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0500, Florida Statutes.

SIGNATURE: [signature] 6/6/95
(Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☑ Change ☐ Addition
NAME	~~ROBERTS, DAN~~	12 NAME	PEREZ, BARRY K.
STREET ADDRESS	~~15713 MAPLEDALE BLVD.~~	13 STREET ADDRESS	705 BARBERRY PLACE
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP	BRANDON, FL 33510
TITLE	D	21 TITLE	D. Jeffrey R. Ghiotto ☑ Change ☐ Addition
NAME	~~ROBERTS, JEAN CURRY~~	22 NAME	~~EGGERT, STEWART OF~~ 14610 Pine Glen Circle
STREET ADDRESS	~~15713 MAPLEDALE BLVD.~~	23 STREET ADDRESS	~~4222 HONEY VIOLA CIRCLE~~
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP	~~TAMPA, FL 33624.~~ Tampa FL 33549
TITLE	D	31 TITLE	D ☑ Change ☐ Addition
NAME	~~ZUCKERMAN, JON~~	32 NAME	BOYER, GREGORY F.
STREET ADDRESS	~~15421 BUSH WOOD DRIVE~~	33 STREET ADDRESS	2522 LAKE ELLEN LANE
CITY-ST-ZIP	~~TAMPA FL 33624~~	34 CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~MACKINTOSH, ALLAN~~	42 NAME	
STREET ADDRESS	~~15713 MAPLEDALE BLVD.~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	~~MACKINTOSH, SIDRA~~	52 NAME	
STREET ADDRESS	~~15713 MAPLEDALE BLVD.~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA 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	

CR2E037 (3/95)

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: [signature] GREGORY F. BOYER 6-6-95 813/962-6700
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013131

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

FILED
SECRETARY OF STATE

DOCUMENT # N93000002358 (0)

1. Corporation Name

FOREST TOWNE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1435 JASPER FL 32052 US	129 SOUTHWEST 10TH STREET JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-3207635 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1435	26 P.O. Box 1435
Suite, Apt. #, etc. 22 JASPER, FL	Suite, Apt. #, etc. 27
City & State 23 JASPER, FL	City & State 28 JASPER, FL
Zip 24 32052 Country 25 HAMILTON	Zip 29 32052 Country 30 HAMILTON

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	10. Name and Address of New Registered Agent
RODGERS, SYLVIA A 129 SOUTHWEST 10TH STREET JASPER FL 32052	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	P	11 TITLE	☒ Change ☒ Addition
NAME	RODGERS, SYLVIA A	12 NAME	D
STREET ADDRESS	129 SOUTHWEST 10TH STREET	13 STREET ADDRESS	129 S.W. 10 St.
CITY-ST-ZIP	JASPER FL 32052	14 CITY-ST-ZIP	JASPER, FL 32052
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	~~RODGERS~~, ELLEN B. E WATERS	22 NAME	ELLEN B. WATERS
STREET ADDRESS	840 OAKRIDGE ROAD	23 STREET ADDRESS	840 OAK RIDGE RD. WEST
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	DANIELS, CHERYL	32 NAME	
STREET ADDRESS	129 SW 10TH ST.	33 STREET ADDRESS	~~129 SW 10TH ST.~~
CITY-ST-ZIP	JASPER FL 32052	34 CITY-ST-ZIP	129 S.W. 10 St. JASPER, FL 32052
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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(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: Sylvia A. Rodgers Pres. 5-5-95 904-792-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000221M