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 -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005437 (8)

1. Corporation Name
THE FAITH FOUNDATION, INC.

Principal Place of Business	Mailing Address
565 RYLANE STREET DELEON SPRINGS FL 32130	565 RYLANE STREET DELEON SPRINGS FL 32130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3276679 — 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 1102 W. Euclid Ave.	26 P. O. Box 1898
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: DeLand, FL	28 City & State: DeLeon Springs, FL
24 Zip: 32720 — 25 Country: USA	29 Zip: 32130 — 30 Country: USA

9. Name and Address of Current Registered Agent

BROOKS, KAREN D
565 RYLANE STREET
DELEON SPRINGS FL 32130

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1102 W. Euclid Avenue
83
84 City: DeLand, FL 85 Zip Code: 32720

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: Karen D Brooks — April 13, 1995
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Title	Name	Street Address	City St Zip	Change	Addition
1	~~P~~ D	Karen D. Brooks	565 Rylane Street	Deleon Springs, FL 32130	☐	☒
2	V D	Deborah L. Maddox	1171 Glenwood Trails	DeLand, FL 32720	☐	☒
3	V D	Carrie B. Chomin	P. O. Box 856 (N/A)	Pierson, FL 32180	☐	☒
4	V D	Paulette Collins	1095 Glenwood Trails	DeLand, FL 32720	☐	☒
5	V D	Natalie K. Williams	2172 N. 15A	DeLand, FL 32720	☐	☒
6	~~T/S~~ D	Leisa W. Brooks	1545 W. Beresford Road	DeLand, FL 32720	☐	☒

11 7/24

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 the 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: L. W. Brooks — Leisa W. Brooks — 4-14-95 — 904/738-5021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0023707

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

[illegible] AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005679 (5)**

1. Corporation Name

COUNTRYSIDE WEST PUD HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
1150 PELICAN BAY DR. DAYTONA BEACH FL 32119	1150 PELICAN BAY DR. DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994

3a. Date of Last Report: applied for n/a

4. FEI Number: [X] Applied For [ ] Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	
City & State (23)	City & State (28)	
Zip (24) / County (25)	Zip (29) / County (30)	

5. Certificate of Status Desired [X] — **$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 [X] No

9. Name and Address of Current Registered Agent

HOSSEINI-KARGAR, MORTEZA
1150 PELICAN BAY DR.
DAYTONA BEACH FL 32119

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) (REQUIRED: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	[ ] Change [ ] Addition
NAME	ROSS, DOUGLAS R	12 NAME	Douglas R. Ross, Jr.	
STREET ADDRESS	1150 PELICAN BAY DR.	13 STREET ADDRESS	1150 Pelican Bay Drive	
CITY ST ZIP	DAYTONA BEACH FL 32119	14 CITY ST ZIP	Daytona Beach, FL. 32119	
TITLE	VD	21 TITLE	VD	[ ] Change [ ] Addition
NAME	GARN, TED	22 NAME	Ted Garn	
STREET ADDRESS	1150 PELICAN BAY DR.	23 STREET ADDRESS	1150 Pelican Bay Drive	
CITY ST ZIP	DAYTONA BEACH FL 32119	24 CITY ST ZIP	Daytona Beach, FL. 32119	
TITLE	STD	31 TITLE	STD	[X] Change [ ] Addition
NAME	IRLAND, CHARLES	32 NAME	Charlene Irland	
STREET ADDRESS	1150 PELICAN BAY DR.	33 STREET ADDRESS	1150 Pelican Bay Drive	
CITY ST ZIP	DAYTONA BEACH FL 32119	34 CITY ST ZIP	Daytona Beach, FL. 32119	
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)(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: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

904-788-0820
Daytime Phone #

0000630

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
... 19 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005695 (1)

1. Corporation Name

BRENTWOOD FARMS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business: ~~1000 W. ALPHA COURT LECANTO FL 34461~~ 2050 N. BWD Circle Lecanto, FL 34461

Mailing Address: ~~1000 W. ALPHA COURT LECANTO FL 34461~~ Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1994	3a. Date of Last Report
4. FEI Number: 59-3278531	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 2050 N. Bwd Circle
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 Lecanto, FL
Zip 24 County 25	Zip 29 34461 County 30 Citrus

9. Name and Address of Current Registered Agent

BERTOCH, CARL A
537 E. PARK AVENUE
TALLAHASSEE FL 32301

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	D	1.1 TITLE *Officer and Director ☐ Change ☐ Addition
NAME	CATES, RONALD K	1.2 NAME
STREET ADDRESS	1000 ABERNATHY ROAD, SUITE 800	1.3 STREET ADDRESS Same
CITY ST ZIP	ATLANTA GA 30328	1.4 CITY ST ZIP
TITLE	D	2.1 TITLE *Officer ☐ Change ☐ Addition
NAME	SIMMONS, JUDSON H	2.2 NAME
STREET ADDRESS	1000 ABERNATHY ROAD, SUITE 800	2.3 STREET ADDRESS Same
CITY ST ZIP	ATLANTA GA 30328	2.4 CITY ST ZIP
TITLE	~~D~~	3.1 TITLE ☐ Change ☐ Addition
NAME	~~DIEKMANN, KYLE P~~	3.2 NAME
STREET ADDRESS	~~1000 ABERNATHY ROAD, SUITE 800~~	3.3 STREET ADDRESS → Delete
CITY ST ZIP	~~ATLANTA GA 30328~~	3.4 CITY ST ZIP
TITLE	D	4.1 TITLE *Officer ☒ Change ☐ Addition
NAME	RIVER, LORI A	4.2 NAME Rives, Lori A.
STREET ADDRESS	1000 ABERNATHY ROAD, SUITE 800	4.3 STREET ADDRESS 1000 Abernathy Rd Suite 800
CITY ST ZIP	ATLANTA GA 30328	4.4 CITY ST ZIP Atlanta, GA 30328
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	TS 7/19/95	6.4 CITY ST ZIP

300001544643
-07/25/95--01016--010
****130.00 ****130.00

RECEIVED BY MAY 1

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: Lori A. Rives
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 Date (404) 390-0400 Daytime Phone #

0065049