## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



SIGNATURE: SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		CORPORATIONS		
		000005504 (5	)		
JOSH	UA GENERATION MINIST	RIES, INC.		1 18 8 111 8 1 8 1 8 1 8 1 8 1 8 1 8 1	
Principal Plac	e of Business	Mailing Address	<u> </u>		
3240 GRANI				i issuitsi sistis sisti sisti sistis sistis	rann onere adran Accar bilet Albit Glaf (64)
LAKE PLACE	D FL 33852	144 COUNTY ROAD 29 LAKE PLACID FL 33852			
US US				Date incorporated or Qualified	Tan But district
<b>2</b> Data de la D				11/03/1994	3a. Date of Last Report 05/01/1995
	Place of Business County Rd 29	2a. Mailing Address 26		4. FEI Number	Applied For
Súite. Ant.	# etc.	Suite, Apt. #, etc.		65-0535908	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	/ 11 h	City & State		6. Election Campaign Financing	\$5.00 May Ba
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
338	552 25 Highla	nd S 29	30	8. This corporation has liability for int Florida Statutes	angible tax under s. 199,032, Yes 🗖 No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Rec	Istered Agent
DESTAN	A > DADOCI		81 Name	Connie F. Pugh	
PEÈNAM, J. DARREL * 1625 CORVAIR AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	20.
SEBRIN	G FL 98872		83	144 County Rd	الالت
, `			84 City		
11 Purcuant	to the provisions of Cartino 247 o		1  /	ake Placid	FL 85 Zip Code 3 385 2
Or register	to the provisions of Sections 617.05 red agent, or both, in the State of F	502 and 617.1508, Florida Statutes, lorida. Such change was authorized	the above named or by the corporation's	orporation submits this statement for the purpol board of directors. I hereby accept the appoin	se of changing its registered office
SIGNATURE	th, and accept the obligations or, S	oction 617.0503, Florida Statutes.		A	iment as registered agent. I am
	Signature, typed or printed name of registered a	gent and (b) fappingable (NOTE	Hegister(d) gent signature	onnie & Pugh	1-30-96
12. Title	OFFICERS ,	AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	PELHAM, J. DARREL	☐ Brefele	1.1 TITLE	PRESIDENT - D	Change Addition
Street Address	1625 CORVAIR AVE		1.2 NAME	James R. Pugh	
CITY - ST - ZIP	SEBRING FL		1 3 STREET ADDRESS CITY-ST-ZIP	144 County Rd 29 Lake Placed F 33	ess
TITLE	VP	<b>□</b> DELET <b>E</b>	21 TITLE	Vice President-D	Effange Addition
NAME	PUGH, JAMES R.		22 NAME	ERIC D. FAUST	Li ribbilion
STREET ADDRESS City-St-Zip	144 CR 29 LAKE PLACID FL		23 STREET ADDRESS	810 S.E. 20th Cou	4
TITLE	ST - D		2 4 CITY-ST-ZIP	Cape Coral Fi 3:	399 <i>0</i>
NAME	PUGH, CONNIE F.	2,00000	32 NAME	-	☐ Change ☐ Addition
STREET ADDRESS	144 CR 29		3 3 STREET ADDRESS		ı
CITY-ST-ZIP	LAKE PLACID FL		3 4. CHTY ST-ZIP		
TITLE NAME	D DCILLANA DATENA	<b>D</b> ELETE	4.1 TULE		☐ Change ☐ Addition
TREET ADDRESS	PELHAM, PATTY L. 1625 CORVAIR AVE		4 NAME		
CITY-ST-ZIP	SEBRING FL		4.3 STREET ADDRESS	700001828 	3497
ITLE	D	<b>□</b> DELETE	5.1 TITLE		
IAME	FAUST, ERIC D.	/	5 2 NAME	***61 <b>.</b> 25	Change Addition
TREET ADDRESS	333 ELM AVE		53 STREET ADDRESS		ļ
HTY-ST-ZIP	SEBRING FL D		5 4 CITY-ST-ZIP		
AME	MAHONEY, MARK E.	ELETE	61 TITLE		Change Addition
TREET ADDRESS	438-A ROSE AVE		6.2 NAME		
ITY-ST-ZIP	SEBRING FL		6.3 STREET ADDRESS 6.4 City-St-Zip		
<ol> <li>I do hereby certify that t</li> </ol>	certify that the information supplies	I with this filing is voluntarily furnished		ify for the exemption stated in Section 119.07(3	II(k) Florida Statutes I further
oath, that I	am an officer or director of the corr	noration or the receiper or to other	eport is true and acc	ify for the exemption stated in Section 119.07(3 curate and that my signature shall have the same	e legal effect as if made under

4/26/96 941-465-224