SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001545753
-07/25/95--01097--021
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000006109 (2)

1. Corporation Name

TRUE FELLOWSHIP SOUL SAVING STATION MINISTRIES, INC.

Principal Place of Business	Mailing Address
8521 SOUTH HAMPTON DRIVE MIRAMAR FL 33025	8521 SOUTH HAMPTON DRIVE MIRAMAR FL 33025

3. Date Incorporated or Qualified: 12/12/1994
3a. Date of Last Report:
4. FEI Number: 65-0539609 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 As Above	2a. Mailing Address 26 As Above
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 ☐ — **FILING FEE IS $61.25**
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
DARRINGTON, DELORES 337 S.W. 15TH STREET DANIA FL 33004	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): SAME 83 84 City: FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE: Delores Darrington DATE: 6/19/95

12. OFFICERS AND DIRECTORS	
TITLE	President + Founder, Pastor T
NAME	Myrtis Armbrister
STREET ADDRESS	8521 So. Hampton Drive
CITY-ST-ZIP	Miramar, Fl. 33025
TITLE	VP - D
NAME	Benjamin Boykin
STREET ADDRESS	8521 So. Hampton Drive
CITY-ST-ZIP	Miramar, Fl. 33025
TITLE	Sec.\Treasure - D
NAME	Sharon Boykin
STREET ADDRESS	8521 So. Hampton Drive
CITY-ST-ZIP	Miramar, Fl. 33025
TITLE	R.A.-Sec. - D
NAME	Delores Darrington
STREET ADDRESS	337 SW 15 St.
CITY-ST-ZIP	Dania, Fl. 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS ☐ Change ☐ Addition

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REMITTED BY MAY 1

CH

14. I do hereby certify that the information supplied with this filing, 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: Delores Darrington, Sec. 6/19/95 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Delores Darrington Date Daytime Phone #

CR2E037 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED

CORPORATION ANNUAL REPORT 1995

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

95 JUL 27 AM 9:44

DOCUMENT # N94000006151 (4)

1. Corporation Name

DREAM LAND CORPORATION

Principal Place of Business: 1112 W MAIN ST, APT J6, LEESBURG FL 34748

Mailing Address: 1112 W MAIN ST, APT J6, LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Same 1112 W.Main St.	26 Post Office Box 888
Suite, Apt. #, etc. 22 APT J6	Suite, Apt. #, etc. 27
City & State 23 Leesburg, Florida	City & State 28 Fruitland Park, FL.
Zip 24 34748 / County 25 Lake	Zip 29 34731 / County 30 Lake

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: New
4. FEI Number: 59-3293633 — 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

9. Name and Address of Current Registered Agent

PRICE, JOSEPH T
1112 W MAIN ST
APT J6
LEESBURG FL 34748

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

TITLE	P
NAME	PRICE, JOSEPH T
STREET ADDRESS	P.O. BOX 491103 N/A
CITY ST ZIP	LEESBURG FL 34749-1103
TITLE	V
NAME	RUSSELL, THOMAS W
STREET ADDRESS	903 S 9 ST
CITY ST ZIP	LEESBURG FL 34748
TITLE	ST
NAME	MITCHELL, CHARLES S
STREET ADDRESS	8399 COUNTY RD 243
CITY ST ZIP	WILDWOOD FL 32785
TITLE	D
NAME	OLIVEIRA, ANTONIO
STREET ADDRESS	13301 SW 110 PL
CITY ST ZIP	DUNNELLON FL 32630
TITLE	D
NAME	MC DEVITT, JOHN
STREET ADDRESS	1705 E SCHWARTZ BLVD
CITY ST ZIP	LADY LAKE FL 32519
TITLE	D
NAME	GRIFFIS, JOHN W
STREET ADDRESS	149 TERA DR
CITY ST ZIP	TAVARES FL 32778

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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-07/27/95--01059--006
****155.00 ****155.00

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: Joseph T Price — April 24 1995 — (904) 748-0629

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

0060178