

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S26093

(2)

1. Corporation Name

KIMBERLY CREDIT ALLIANCE, INC.

Principal Place of Business

7394 MICHIGAN ISLE RD
LAKE WORTH FL 33467

Mailing Address

7394 MICHIGAN ISLE RD
LAKE WORTH FL 33467

FILED

95 JUL 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1991

3a. Date of Last Report
09/30/1994

4. FEI Number
59-3044523

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

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 7394 Michigan Isle Rd

26 - SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE WORTH, FL.

28

Zip

Country

Zip

Country

24 33467

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

MORSE, CALVIN S.
7394 MICHIGAN ISLE RD
LAKE WORTH FL 33467

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

MORSE, CALVIN

STREET ADDRESS

7394 MICHIGAN ISLE RD

CITY-ST-ZIP

LAKE WORTH FL 33467

TITLE

V

NAME

MORSE, ELEANOR

STREET ADDRESS

7394 MICHIGAN ISLE RD

CITY-ST-ZIP

LAKE WORTH FL 33467

TITLE

T

NAME

BEAM, DOROTHY

STREET ADDRESS

7394 MICHIGAN ISLE RD

CITY-ST-ZIP

LAKE WORTH FL 33467

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GEORGE MARINIS
1400 VILLAGE BLVD. #220
W.P.B. FL. 33409

NEW TREASURER

DOROTHY BEAM

Delete

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 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN MORSE, PRESIDENT

7/25/95

(407) 964-4369