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
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:28

DOCUMENT # 707760 (5)

1. Corporation Name
CENTRAL FLORIDA CHAPTER OF CLU & CHFC CORPORATIO
N

Principal Place of Business	Mailing Address
P O BOX 180458 CASSELBERRY FL 32718 US	P O BOX 180458 CASSELBERRY FL 32718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1964
3a. Date of Last Report: 05/26/1994
4. FEI Number: 59-1749329 ☐ 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
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOSEPH LOWMAN JR
729 W HARVARD ST
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Janice Ficarrotto
82 Street Address (P.O. Box Number is Not Acceptable): 315 Melody Lane
83
84 City: Casselberry FL 85 Zip Code: 32718

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: Janice Ficarrotto — Janice Ficarrotto, Executive Director — 1/19/95
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	VPD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	ADAMS, EARL	1.2 NAME	ARNOLD, MITCHELL A.	
STREET ADDRESS	360 WILSHIRE BLVD / STE 104	1.3 STREET ADDRESS	1101 N. LAKE DESTINY RD/ STE 200	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VPD	2.1 TITLE	VPD	XX Change ☐ Addition
NAME	ARNOLD, MICHELLE A	2.2 NAME	ADAMS, EARL R.	
STREET ADDRESS	1101 N LAKE DESTINY RD / STE 200	2.3 STREET ADDRESS	360 WILSHIRE BLVD./STE 104	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	PD	3.1 TITLE	STD	XX Change ☐ Addition
NAME	LOWMAN, JOSEPH	3.2 NAME	MEADOR, PAUL J.	
STREET ADDRESS	729 W HARVARD ST	3.3 STREET ADDRESS	5104 N. ORANGE BLOSSOM TRAIL/STE 115	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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		6.4 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: Paul J. Meador — Paul J. Meador, Sec.-Treas. — 1/19/95 — (407) 295-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003004