

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **708281** (1)

1. Corporation Name
ORANGE LAKE CIVIC CENTER, INC.



Principal Place of Business: **11803 104TH STREET NORTH LARGO FL 34643-2310**
Mailing Address: **11803 104TH STREET NORTH LARGO FL 34643-2310**

3. Date Incorporated or Qualified: **12/22/1964**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-1086909**
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: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
ESSEY, ANGIE
10267 117 TERRACE N
LARGO FL 34643

10. Name and Address of New Registered Agent
81 Name: **JOHN FRICK**
82 Street Address (P.O. Box Number is Not Acceptable): **12037 - 105th St. N.**
83
84 City: **Largo, Fl. 34643**
85 Zip Code: **FL**

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: John P. Frick Sr. Treas. John P. Frick Sr. 1-19-96
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	V	<input type="checkbox"/> DELETE
NAME	JUDAS, CARL	
STREET ADDRESS	10227 117TH ST. N.	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HETTINGER, VILAS	
STREET ADDRESS	10497 111 AVE N.	
CITY-ST-ZIP	LARGO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ESSEY, ANGIE	
STREET ADDRESS	10267 117 TERRACE N	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABEL, ELEANOR	
STREET ADDRESS	10200 122ND ST N APT. 2452	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARNETT, DALE	
STREET ADDRESS	10434 118TH PL N	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTARO, ONDA	
STREET ADDRESS	11151 108TH LN N	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	John Frick
3.4 CITY-ST-ZIP	12037-105th St. N. Largo, Fl. 34643
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: John P. Frick Sr. John P. Frick Sr. 1-1996 1-813-397-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)