

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 17 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 708281 (1)

1. Corporation Name
ORANGE LAKE CIVIC CENTER, INC.



Principal Place of Business Mailing Address
11803 104TH STREET NORTH LARGO FL 34643-2310 **11803 104TH STREET NORTH LARGO FL 33773-2310**

3. Date Incorporated or Qualified **12/22/1964** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 2a. Mailing Address

26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip **33773** Country **PINELLAS** 29 Zip **33773** Country **PINELLAS**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN FRICK
12037 105TH ST. N.
LARGO FL 34643**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **33773**

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 _____ (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 33773	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HETTINGER, VILAS	
STREET ADDRESS	10497 111 AVE N.	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHN FRICK	
STREET ADDRESS	12037 105TH ST. N.	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABEL, ELEANOR	
STREET ADDRESS	10200 122ND ST N APT. 2452	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ARNETT, DALE	
STREET ADDRESS	10434 118TH PL N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTARO, ONDA	
STREET ADDRESS	11151 108TH LN N	
CITY-ST-ZIP	LARGO FL 33773	

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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGARET J ASHE	
2.3 STREET ADDRESS	12991-109th WAY N	
2.4 CITY-ST-ZIP	LARGO FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: John P. Frick 1-6-97 813-397-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051740

CR2E037 (9/96)