

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 715680 (5)

1. Corporation Name
NORTHWEST ORANGE COUNTY IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
4253 PONCAN ROAD P.O. BOX 786 ZELLWOOD FL 32798-7786

3. Date Incorporated or Qualified 12/09/1968 3a. Date of Last Report 03/13/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2022527	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	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

MILLER, GARRY
222 W KELLY PARK ROAD
APOPKA FL 32712

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 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: L. Garry Miller [Signature] 1-16-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	VP
NAME	BARRETT, ROBERT	1.2 NAME	David Barcko
STREET ADDRESS	5021 PONCAN RD	1.3 STREET ADDRESS	340 N. Esther Ave
CITY-ST-ZIP	ZELLWOOD FL	1.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	TD	2.1 TITLE	
NAME	ODOM, FAYE P	2.2 NAME	
STREET ADDRESS	4629 PLYMOUTH-SORRENTO RD-P.O. BOX 279	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	RUSSELL, LEONA	3.2 NAME	
STREET ADDRESS	32239 WOLFBRANCH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	MILLER, GARRY	4.2 NAME	
STREET ADDRESS	222 N KELLY PARK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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: L. Garry Miller [Signature] 1-16-96 407-425-1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)