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

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753175** **(9)**

1. Corporation Name

THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARK ETING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2623 ORLANDO FL 32802-9623	P. O. BOX 2623 ORLANDO FL 32802-9623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1980**
3a. Date of Last Report: **03/18/1994**
4. FEI Number: **59-2027963** ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FISK, JAMIE
2213 CHANTILLY TERR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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: Jamie Fisk Jamie Fisk 4/18/95
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	VD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	FISK, RAYMOND P	1.2 NAME	
STREET ADDRESS	2273 CHANTILLY TERR	1.3 STREET ADDRESS	2213 Chantilly Terr
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	VD ☒ Change ☒ Addition
NAME	QUINN, PATRICE A	2.2 NAME	SIEGFRIED, STEVE
STREET ADDRESS	8932 ROYAL BIRKDALE LN	2.3 STREET ADDRESS	519 Brechin Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FISK, JAMIE	3.2 NAME	
STREET ADDRESS	2213 CHANTILLY TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JIM	4.2 NAME	
STREET ADDRESS	115 E. LAUREN CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☒ Addition
NAME	CURASI, CAROLYN	5.2 NAME	CORNETT, KIMBERLY
STREET ADDRESS	406 WOODSTEAD CIR	5.3 STREET ADDRESS	2040 Lynwood Lane
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, TERRY	6.2 NAME	
STREET ADDRESS	12406 BRAXTED DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: Jamie Fisk Jamie Fisk 4/18/95 407-365-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083408