

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 # 753175 (9)

1. Corporation Name

THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARKETING ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 2623
ORLANDO FL 32802-9623

P. O. BOX 2623
ORLANDO FL 32802-9623

3. Date Incorporated or Qualified
06/27/1980

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 5657

26 P.O. Box 5657

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Winter Park FL

28 Winter Park FL

Zip

Zip

Country

Country

24 32793

25 Orange

29 32793

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISK, JAMIE
2213 CHANTILLY TERR
OVIEDO FL 32765**

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 617.1506, 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

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	PD	☒ DELETE
NAME	FISK, RAYMOND P	
STREET ADDRESS	2213 CHANTILLY TERR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	☒ DELETE
NAME	STEGFRIED, STEVE	
STREET ADDRESS	519 BRECHIN DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	☐ DELETE
NAME	FISK, JAMIE	
STREET ADDRESS	2213 CHANTILLY TERR	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	☒ DELETE
NAME	JACKSON, JIM	
STREET ADDRESS	115 E. LAUREN CT.	
CITY-ST-ZIP	FERN PARK FL	
TITLE	D	☒ DELETE
NAME	CORNETT, KIMBERLY	
STREET ADDRESS	2040 LYNWOOD LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	☐ DELETE
NAME	THOMPSON, TERRY	
STREET ADDRESS	12408 BRAXTED DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Cornett, Kimberly	
1.3 STREET ADDRESS	2040 Lynwood Lane	
1.4 CITY-ST-ZIP	Winter Park, FL	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	HATT, DAVID	
2.3 STREET ADDRESS	9467 Mantello Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32817	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Reggio, Dan	
4.3 STREET ADDRESS	7222 Black Bull Lane	
4.4 CITY-ST-ZIP	Orlando, FL 32835	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Robbing Both	
5.3 STREET ADDRESS	1158 Pointe Newport Terrace # 300	
5.4 CITY-ST-ZIP	Casselberry, FL 32707	
6.1 TITLE		☐ Change ☐ 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:

David Hatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HATT

4/17/95

Date

(407) 679-5148

Telephone #

CR2E037 (12/95)