

# 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 # 768343 (6)**

1. Corporation Name

**NOTRE DAME CLUB OF GREATER ORLANDO, INC.**



Principal Place of Business

Mailing Address

C/O MICHAEL BEAUDINE  
924 BOARDMAN ST  
ORLANDO FL 32804

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924 BOARDMAN ST  
ORLANDO FL 32804

3. Date Incorporated or Qualified

**05/09/1983**

3a. Date of Last Report

**08/04/1995**

4. FEI Number

**31-1075398**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAUDINE, MICHAEL  
924 BOARDMAN ST  
ORLANDO FL 32804**

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

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	VD	<input type="checkbox"/> DELETE
NAME	SHEPARDSON, MICHAEL	
STREET ADDRESS	335 ALBERTA DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEAUDINE, MICHAEL	
STREET ADDRESS	924 BROADMAN ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCVEIGH, JAMES	
STREET ADDRESS	548 E. LEHIGH DR.	
CITY-ST-ZIP	DELTONA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZANG, HENRY E	
STREET ADDRESS	151 SOUTHHALL LANE #130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, PATRICIA J.	
STREET ADDRESS	6908 SUGARBUSH DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOBAN, TIM	
STREET ADDRESS	1927 CORNELIA DR.	
CITY-ST-ZIP	EUSTIS 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	<b>SD Thomson, Robert F.</b>
3.3 STREET ADDRESS	<b>7270 Westpointe Blvd. #910</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TD Shell, III, P. J.</b>
5.3 STREET ADDRESS	<b>420 Cortland Ave.</b>
5.4 CITY-ST-ZIP	<b>Winter Park, FL 32789</b>
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:

*Michael G. Beaudine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/96 (407) 423-7656**  
Date Daytime Phone #

CR2E037 (12/95)