

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra D. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



**FILED**

**DOCUMENT # 769644 (6)**

**95 JUL -7 AM 8:43**

**1. Corporation Name**  
**USHERS CLUB OF ANNUNCIATION, INC.**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**Principal Place of Business**      **Mailing Address**

**1020 MONTGOMERY RD.**      **1020 MONTGOMERY RD.**  
**ALTAMONTE SPRINGS FL 32714-7419**      **ALTAMONTE SPRINGS FL 32714-7419**

**DO NOT WRITE IN THIS SPACE**

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**08/01/1983**      **02/01/1994**

**4. FEI Number**      **Applied For**  
**59-2093177**       **Not Applicable**

**2. Principal Place of Business**      **2a. Mailing Address**

**21**      **26**

**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**

**22**      **27**

**City & State**      **City & State**

**23**      **28**

**Zip**      **Country**      **Zip**      **Country**

**24**      **25**      **29**      **30**

**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**            **FILING FEE IS \$61.25**

**8. This corporation has liability for intangible tax under s. 192.002, Florida Statutes**       **Yes**       **No**

**9. Name and Address of Current Registered Agent**

**MILLER, JACK**  
**515 LOMBARDY RD.**  
**ALTAMONTE SPRINGS FL 32714**

**10. Name and Address of New Registered Agent**

**81 Name**      **GLEN E. MARTIN**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**480 WINDING CREEK PL.**

**83**

**84 City**      **LONGWOOD**      **FL**      **85 Zip Code**      **32779**

**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**      *Glen E. Martin*      **GLEN E. MARTIN**      **7/3/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>MILLER, JACK</b>
<b>STREET ADDRESS</b>	<b>515 LOMBARDY RD.</b>
<b>CITY - ST - ZIP</b>	<b>WINTER SPRINGS FL 32708</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>MACULAN, TOM</b>
<b>STREET ADDRESS</b>	<b>1539 YVONNE</b>
<b>CITY - ST - ZIP</b>	<b>APOPKA FL</b>
<b>TITLE</b>	<b>TD</b>
<b>NAME</b>	<b>MARTIN, KENNETH</b>
<b>STREET ADDRESS</b>	<b>528 TORREY AVE.</b>
<b>CITY - ST - ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>WIDUP, MARY</b>
<b>STREET ADDRESS</b>	<b>212 AMBERGATE COURT</b>
<b>CITY - ST - ZIP</b>	<b>LONGWOOD FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<b>AD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	<b>MARTIN, GLEN E.</b>	
<b>1.3 STREET ADDRESS</b>	<b>480 WINDING CREEK PL</b>	
<b>1.4 CITY - ST - ZIP</b>	<b>LONGWOOD FL 32779</b>	
<b>2.1 TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	<b>MACULAN, TOM</b>	
<b>2.3 STREET ADDRESS</b>	<b>1539 YVONNE</b>	
<b>2.4 CITY - ST - ZIP</b>	<b>APOPKA, FL</b>	
<b>3.1 TITLE</b>	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	<b>WIDUP, MARY</b>	
<b>3.3 STREET ADDRESS</b>	<b>212 AMBERGATE CT</b>	
<b>3.4 CITY - ST - ZIP</b>	<b>LONGWOOD FL 32779</b>	
<b>4.1 TITLE</b>	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	<b>RICKER, JIM</b>	
<b>4.3 STREET ADDRESS</b>	<b>647 WHEELING AVE</b>	
<b>4.4 CITY - ST - ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>5.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>		
<b>5.3 STREET ADDRESS</b>		
<b>5.4 CITY - ST - ZIP</b>		
<b>6.1 TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>		
<b>6.3 STREET ADDRESS</b>		
<b>6.4 CITY - ST - ZIP</b>		

**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 110.07(3)(b), 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:**      *Glen E. Martin*      **GLEN E. MARTIN**      **7/3/95**      **407-962-7850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)

CR2E037 (3/95)