

# 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 # N93000003606 (1)**

1. Corporation Name

**CITIZENS FOR A BETTER NEIGHBORHOOD, INC.**



Principal Place of Business

18555 OLD CHENEY HWY  
ORLANDO FL 32820

Mailing Address

P.O. BOX 532  
CHRISTMAS FL 32709-0532

3. Date Incorporated or Qualified  
**08/10/1993**

3a. Date of Last Report  
**07/31/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-3199667**

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

9. Name and Address of Current Registered Agent

JIVIDEN, DAVID  
1255 SAINT NICHOLAS AVENUE  
CHRISTMAS FL 32709-0532

10. Name and Address of New Registered Agent

81

Name

**JOSEPH SCUDERI**

82

Street Address (P.O. Box Number is Not Acceptable)

**750 N. 6TH STREET**

83

84

City

**ORLANDO**

**FL**

85 Zip Code

**32820**

I, 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

**JOSEPH SCUDERI**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE - Registered Agent Signature required when reinstating)

DATE

**JOHN JIVIDEN Pres. 4-1-96**

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME

D

SCUDERI, JOSEPH

☐ DELETE

STREET ADDRESS  
CITY-STATE-ZIP

750 N. 6TH STREET  
ORLANDO FL 32820

TITLE  
NAME

D

JIVIDEN, DAVID  
1255 SAINT NICHOLAS AVE  
CHRISTMAS FL 32709-0532

☒ DELETE

TITLE  
NAME

D

GRAHM, KENDALL  
18310 BELVEDERE ROAD  
ORLANDO FL 32820-2319

☒ DELETE

TITLE  
NAME

T

WHITE, MARY  
18869 2ND AVE  
ORLANDO FL 32820-2319

☐ DELETE

TITLE  
NAME

T

MORESCO, ELAINE  
2015 10TH ST  
ORLANDO FL 32820-2319

☐ DELETE

TITLE  
NAME

T

MORESCO, INEZ  
18546 1ST AVENUE  
ORLANDO FL 32820-2319

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☒ Addition

**SHIRLEY BROWN  
18610 116TH AVE.  
ORLANDO Florida 32833**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☒ Addition

**LINDA PARKER  
18234 BELVEDERE RD.  
ORLANDO Florida 32820**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

**JOSEPH SCUDERI Pres. 4-1-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)