FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90057 033 ****61.25

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DOCUMENT # N97000001223

1. Corporation Name
WAYNE DENSCH CENTER, INC.

* 4 6 6 2 2 0 *
466220 - 90057 - 33

Principal Place of Business	Mailing Address
1603 E. MARKS STREET ORLANDO FL 32803	1603 E. MARKS STREET ORLANDO FL 32803

2. Principal Place of Business 21 100-102 Kingston Court Suite, Apt. #, etc. 22 City & State 23 Orlando FL Zip 24 32810 Country 25 USA	2a. Mailing Address 26 PO Box 2847 Suite, Apt. #, etc. 27 City & State 28 Orlando FL Zip 29 32802-2847 Country 30 USA	3. Date Incorporated or Qualifed 03/04/1997 4. FEI Number 31-1512999 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, THOMAS R 105 EAST ROBINSON SUITE 201 ORLANDO FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LEONARD E		1.2 NAME		
STREET ADDRESS	2518 NORFOLK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JOHN A		2.2 NAME		
STREET ADDRESS	1100 MUNSTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, THOMAS R		3.2 NAME		
STREET ADDRESS	105 E. ROBINSON, SUITE 201		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, THOMAS N		4.2 NAME		
STREET ADDRESS	1731 BOGGY CREEK ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 32741		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLAYTON, CHARLES W JR.		5.2 NAME		
STREET ADDRESS	611 N. WYMORE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VERMILLION, MARSHALL E		6.2 NAME		
STREET ADDRESS	800 N. MAGNOLIA, SUITE 800		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #