

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701238 (8)  
1. Corporation Name  
BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address  
801 NORTH MAGNOLIA AVENUE  
P.O. BOX 2987  
ORLANDO FL 32803  
801 NORTH MAGNOLIA AVENUE  
P.O. BOX 2987  
ORLANDO FL 32803

3. Date Incorporated or Qualified 07/25/1960 3a. Date of Last Report 05/01/1995  
4. FEI Number 59-0951887 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.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

CAIN, GARY W.  
801 NORTH MAGNOLIA AVE.  
#305  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 100001829261  
83 -05/20/96-01044-022  
84 City \*\*\*61.25 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Gary W. Cain*

Gary W. Cain, President

4-24-96

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 CD ☐ DELETE  
NAME BRUMBACK, WESLEY W.  
STREET ADDRESS 726 GLEN EAGLE DR.  
CITY-ST-ZIP WINTER SPRINGS FL  
TITLE TD ☐ DELETE  
NAME CANIN, MYRNA F  
STREET ADDRESS 500 DELANEY AVE  
CITY-ST-ZIP ORLANDO FL  
TITLE SD ☐ DELETE  
NAME MCDOWELL, BRIAN  
STREET ADDRESS 1021 ALMOND TREE CIR  
CITY-ST-ZIP ORLANDO FL  
TITLE VCBD ☐ DELETE  
NAME CALCUTT, ROBERT  
STREET ADDRESS 300 E. GREENTREE LANE  
CITY-ST-ZIP LAKE MARY FL  
TITLE CPOP ☐ DELETE  
NAME CAID, GARY W.  
STREET ADDRESS 801 N. MAGNOLIA BLVD.  
CITY-ST-ZIP ORLANDO FL  
TITLE D ☒ DELETE  
NAME HIGHTOWER, CLEVE  
STREET ADDRESS 19 N. ROSEARDEN DRIVE  
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D  
1.3 STREET ADDRESS BRUMBACK, WESLEY W.  
1.4 CITY-ST-ZIP 726 GLEN EAGLE DR.  
WINTER SPRINGS, FL ☐ Change ☐ Addition  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME C  
3.3 STREET ADDRESS MCDOWELL, BRIAN  
3.4 CITY-ST-ZIP 1021 ALMOND TREE CIR.  
ORLANDO, FL ☐ Change ☐ Addition  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME P  
5.3 STREET ADDRESS CAIN, GARY W.  
5.4 CITY-ST-ZIP 801 N. MAGNOLIA BLVD.  
ORLANDO, FL ☐ Change ☒ Addition  
6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME D  
6.3 STREET ADDRESS JOHNSON, JEFF  
6.4 CITY-ST-ZIP 2884 OLD CASTLE DR.  
WINTER PARK, FL *DEB*  
*5-1-96*

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:

*Gary W. Cain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (407) 841-6855  
Date Daytime Phone #

CR2E037 (12/95)