## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



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

1996

| Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City & State | 1. Corporatio    | ORLANDO JUNIOR WOM                                 | ` '                                 |                  |                       |  |   |                |
|--|------------------|--|-------------------------------------|------------------|-----------------------|--|---|----------------|
| 2  | 501 EAST LI      | VINGSTON STREET                                    | ORLANDO FL 32856                    |                  |                       | 2 Data Incorporated or Qualified   | 2n Date of Lent                               | Paget          |
| 2. Principal Place of Business 2. Mining Address 3. Mining Address |                  |  |                                     |                  |                       |  |   |                |
| Subto, Apt. 4, etc.    Subto, Apt. 4, etc.   | 2. Principal P   | lace of Business                                   | 2a. Mailing Address                 |                  | <del></del>           |  |   | Applied For    |
| Solicy 27 April 4, etc.    Solidin, April 4, etc.   Solidin, April 4, etc.   | 21               |  | 26                                  |                  |                       | NOT APPLICABLE   | <del> </del>                                  | Not Applicable |
| City & State    City & State   City & City & State   City & City |                  | 1  |                                     |                  |                       | 5. Certificate of Status Desired   | VI 7  |                |
| 28   | City & Stat      | e  | · -                                 |                  | 7                     | 6. Election Campaign Financing   | \$5.0   |                |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 617,0902 and 617,1508. Florida Statutes, the ebove-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Stuch change was authorized by the comporation's board of directors. I hereby accept the exploritment is registered agent. I am SCRNATURE SCRNATURE  SCRNATURE  SUBMIT AND FLORIDA AND OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OTHER ADDRESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ORLANDO FL  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRE |                  |  |                                     | <del></del>      |                       | Trust Fund Contribution  |   |                |
| EFFRON, RHONDA 5106 LEEWARD WAY ORLANDO FL 32609  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-names corporation submits this statement for the purpose of changing its 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, 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, or an accept the obligations of, Section 617.0502 and 617.1508. Florida Statutes, the above-names 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. Photod Statutes, and accept the obligations of, Section 617.0503. Photod Statutes, and accept the obligations of, Section 617.0503. Photod Statutes, and accept the obligations of, Section 617.0503. Photod Statutes, and accept the obligations of, Section 617.0503. Photod Statutes, and accept the appointment as registered agent. I am familiar with a company of the provision of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of changing its registered agent. I am familiar with a company of the purpose of change in a  |                  |  |                                     | <u> </u>         | untry                 | · · · · · · · · · · · · · · · · · · ·  |   |                |
| BEFRON, RHONDA 5108 LEEWARD WAY ORLANDO FL 32809  B8 City FL 85 Zzp 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 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 an advantage to obligations of, Section 017,0502, Florida Statutes,  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. DITLE  PD DELETE  1.1 THIS  PD DELETE  1.1 THIS  1.2 NAME  SIRRET ADDRESS  ONLY ST-ZP  ORLANDO FL  WILER, KIM  2.2 NAME  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  ONLY ST-ZP  ORLANDO FL  ORLAND |                  | 9. Name and Address of Curr                        | ent Registered Agent                | 15-71            |                       |  |   |                |
| STORTURE  OFFICERS AND DIRECTORS  STORE JAPP  ORLANDO FL  TITLE  DELETE  TITLE  |                  |  |                                     |                  | 81 Nanne              |  |   |                |
| ORLANDO FL 32809    84   | EFFRON           | i, rhonda  |                                     |                  | 82 Street Add         | Idress (P.O. Box Number Is Not Acceptable  | 9)  |                |
| B4 City  | 5106 LEEWARD WAY |  |                                     |                  |                       |  |   |                |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above names corporation submits this statement for the purpose of changing its registered 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 an arrange of directors in hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered agent. I an arrange of directors. I hereby accept the appointment as registered of directors. I her | ORLANDO FL 32809 |  |                                     |                  | B3                    |  |   |                |
| 11. Pursuant to the provisions of Sections 617.05602 and 617.1508. Florida Statutes, the ebove-named corporation submits this statement for the purpose of changing its registered or registered agent, no thin. 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 an original provide company of the collegations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature types or printed name of negitimed agent and table it epictodia.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  EFFRON, RHONDA  5106 LEEWARD WAY  ORLANDO FL  13. STREET ADDRESS  5106 LEEWARD WAY  ORLANDO FL  14. CITY-SI-ZIP  VD  ORLANDO FL  14. CITY-SI-ZIP  VD  ORLANDO FL  15. TITLE  OCHANGE  22. NAME  22. NAME  2528 CARTER GROVE CR.  WINDERMERE FL  24. CITY-SI-ZIP  TD  DEUTCHMAN, JANE  5104 JEANNINE T  ORLANDO FL  ORLANDO  |                  |  |                                     |                  | 84 City               |  | 85 Zi   | p Code         |
| Or registration with it, and accept the obligations of, Section 617 (5050), Florida Statutes.  SIGNATURE    Signature   Signat | 11. Pursuant     | to the provisions of Sections 617.05               | 32 and 617 1508 Florida Statu       | toc the obe      | L Damod care          | cration authority this statement for the surround  |   |                |
| SIGNATURE   2  | or register      | reo agent, or both, in the State of Fic            | rida. Such change was author        | ized by the (    | corporation's bo      | oration soomits this statement for the purporard of directors. I hereby accept the appoi | ose of changing its r<br>ntment as registered | agent. I am    |
| NOTE Repolation for posted among of registered agent agent about the flagoscable.   NOTE Repolation recipied when remailating)   |                  | in, and accept the bullgations or, Se              | ction 617.0503, Florida Statute     | es.              |                       |  |   |                |
| 12.  | SIGNATURE        | Signature, typed or printed name of registered ag- | ent and title if applicable. (N     | IOTE: Registered | Agent signature requi | ired when reinstating)   | DATE  |                |
| NAME   EFFRON, RHONDA   12 NAME   3.3 STREET ADDRESS   5106 LEEWARD WAY   1.3 STREET ADDRESS   5106 LEEWARD WAY   1.3 STREET ADDRESS   5106 LEEWARD WAY   1.4 CITY-ST-ZIP  | 12.              | OFFICERS A   |                                     |                  |                       |  |   | DRS IN 12      |
| STREET ADDRESS   STRE   | TITLE            |  |                                     | 1.1 7            | TLE                   |  | Change  | ☐ Addition     |
| CITY-ST-ZIP  | NAME             |  |                                     | 1.2 NAME         |                       |  |   |                |
| Tille  |                  |  |                                     | 1.3 \$           | TREET ADDRESS         |  |   |                |
| NAME STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 22 NAME 2526 CARTER GROVE CR. WINDERMERE FL 24 CITY-ST-ZIP TITLE TD DEUTCHMAN, JANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32 NAME 32 NAME 5104 JEANNINE T ORLANDO FL 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 4. CITY-ST-ZIP TITLE NAME 4. CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS |                  |  | Constant                            |                  |                       |  |   |                |
| STREET ADDRESS   CHY-ST-ZIP   Change   Addition  |                  | ΨU   |                                     |                  |                       |  | ☐ Change                                      | ☐ Addition     |
| CITY-ST-ZIP   WINDERMERE FL  |                  | · · · · · · · · · · · · · · · · · · ·              |                                     |                  |                       |  |   |                |
| TILE   |                  | T  |                                     |                  | 1                     |  |   |                |
| NAME DEUTCHMAN, JANE STREET ADDRESS C-LY-ST-ZIP ORLANDO FL DELETE |                  |  | DELETE                              |                  |                       | *  | C1 Channe                                     | [7] Addition   |
| STREET ADDRESS   |                  | · · ·  |                                     |                  |                       |  |   |                |
| Street Address   Stre   | STREET ADDRESS   | •  |                                     | 1                |                       |  | •   |                |
| DELETE   | C-TY-ST-ZIP      |  |                                     |                  | 1                     |  |   | İ              |
| A3 STREET ADDRESS   A4 CITY-ST-ZIP   A4 CITY-ST-ZIP  | TITLE            |  | DELETE                              |                  |                       |  | ☐ Change                                      | Addition       |
| A4 CITY - ST - ZIP   | NAME             |  |                                     | 4. 2 N           | AME AMA               |  | _   |                |
| DELETE   | STREET ADDRESS   |  |                                     | 4.3 S1           | TREET ADDRESS         |  |   |                |
|  |                  |  |                                     | 4.4 CI           | TY-ST-ZIP             |  |   |                |
| 5.3 STREET ADDRESS   |                  |  | □DELETE                             | 5.1 Tí           | TLE                   |  | Change  | ☐ Addition     |
|  |                  |  |                                     |                  |                       |  |   |                |
|  |                  |  |                                     | 5.3 \$1          | REET ADDRESS          |  |   |                |
| NAME 62 NAME   |                  |  | - Document                          |                  |                       |  |   |                |
|  |                  |  | []UELETE                            | ľ                | I .                   |  | L_J Change                                    | ☐ Addition     |
| 63 STREET ADDRESS  | ì                |  |                                     |                  | 1                     |  |   |                |
| CITY ST 7D   |                  |  |                                     |                  | I                     |  |   | İ              |
| 64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  65 CITY-ST-ZIP | 14. I do hereb   | y certify that the information supplied            | with this filing is voluntarily for | nished and       | does not qualify      | for the exemption stated in Castian 110.0  | 7/2104 Electeda Chica d                       | on I for white |

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNIFIURE AND TYPE COPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEUT CHYKAN 2/11/96

649-6189 Daytime Prione #