

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 704516 (4)

1. Corporation Name

CENTRAL FLORIDA SHELTERED WORKSHOP INC

Principal Place of Business

1600 AARON AVE.
ORLANDO FL 32811

Mailing Address

1600 AARON AVE.
ORLANDO FL 32811

FILED

1995 AUG -2 AM 9:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1962

3a. Date of Last Report

02/03/1994

4. FEI Number

59-1098578

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

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEADEN, GERALD R.
1600 AARON AVENUE
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

K. Porta

82 Street Address (P.O. Box Number is Not Applicable)

380 Sandra Commerce Pl B-204

83 City

APOKA

84 State

FL

85 Zip Code

32704

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

K. Porta

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME HANNA, JANET
STREET ADDRESS 4109 PLAYER CIR
CITY - ST - ZIP ORLANDO, FL 00000

TITLE VD
NAME BOYKIN, KATHY
STREET ADDRESS 4835 DARWOOD DRIVE
CITY - ST - ZIP ORLANDO FL 32812

TITLE TD
NAME FOX, EDWIN R
STREET ADDRESS 7832 COWAN CT
CITY - ST - ZIP ORLANDO FL

TITLE D
NAME PEADEN, GERALD R
STREET ADDRESS 6801 ABEYDON CT.
CITY - ST - ZIP ORLANDO FL

TITLE VD
NAME BECHT, SHERIDAN
STREET ADDRESS 1724 LAKE WAUMPI
CITY - ST - ZIP MAITLAND FL 32751

TITLE PD
NAME RALEIGH, THOMAS L. II
STREET ADDRESS 576 IVANHOE PLAZA
CITY - ST - ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 110.07(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:

K. Porta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. PORTA

Title

(407) 889 4530

Display Phone #