

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

61.25  
8.75  
70.00

DOCUMENT # 718493 (0)

1. Corporation Name

THE GREENHOUSE OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

1900 N. MILLS AVENUE  
SUITE 5  
ORLANDO FL 32803

1900 N. MILLS AVENUE  
SUITE 5  
ORLANDO FL 32803

3. Date Incorporated or Qualified  
05/12/1970

3a. Date of Last Report  
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
23-7080329

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAWA, EDWARD G  
1900 N. MILLS AVE.  
SUITE 5  
ORLANDO FL 32803

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

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 PD ☐ DELETE

NAME ENGLISH, CHARLES W.  
STREET ADDRESS 625 WILLOWOOD COURT  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VD ☐ DELETE

NAME MOLETTEIRE, FRANK X.  
STREET ADDRESS 5145 THE OAKS CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME WILSON, CORINE V.  
STREET ADDRESS 1073 CHESTERFIELD CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE MD ☐ DELETE

NAME RAWA, EDWARD G.  
STREET ADDRESS 141 SPRING LANE  
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/ mo Phone #

Edward G. Rawa  
EDWARD G. RAWA

2-29-96

407-894-1542

CR2E037 (12/95)