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NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

Principal Place of Business 1703 NORTH MAIN STREET

KISSIMMEE FL 34744-3396

(3)

1703 NORTH MAIN STREET

KISSIMMEE FL 34744-3396

Mailing Address

ARACDICAM	ASSOCIATION	CUD MIIDE	DECDEATION	INC
	M. T. T. A. J. M. I. I. M. I.	TUNI MUNIC	ni chi anchi	

3. Date incorporated or Qualified 3a. Date of Last Report 04/17/1995 07/07/1970 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21-0663619 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Zip. Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SPEELMAN, PAMELA Street Address (P.O. Box Number is Not Acceptable) 4425 SOUTH PLEASANT HILL ROAD 83 KISSIMMEE FL 34746 84 City 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 reinstatings ADDITIONS/CHANGES TO OFFICERS AND DIDFCTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition 11 TITLE PRESIDENT TITLE VOLAK, GEORGE 1.2 NAME LEONITE MOORE NAME PO BOX 521068 TULSA OK 74 ROUTE 5, BOX 462/462 ROCK HAVEN ROAD STREET ADDRESS 1.3 STREET ADDRESS MURFREESBORO TN 1.4 CITY - ST - ZIP CITY-ST-ZIP VICE PRESIDENT ■ Addition 21 TITLE TITLE BLAINE KRENTZ KATES, NATE 2.2 NAME NAME 8170 RECHE CANYON ROAD 2.3 STREET ADDRESS 931 STANLEY CRESCENT N STREET ADDRESS COLTON CA 2 4 CITY - ST - ZIP REGINA SK S4X 129 CANADA CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME STOKES, TURNER 3.2 NAME 13674 HIDDEN HOLLOW LANE 3 3 STREET ADDRESS STREET ADDRESS **LEESBURG VA** 3.4 CITY-ST-ZIP City - St - ZIP TOELETE Change Addition 4.1 TITLE TITLE D NAME DEPREE, JACK 4. 2 NAME 1901 BRINSON ROAD, #V5 4.3 STREET ADDRESS STREET ADDRESS LUTZ FL 4.4 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 cath; 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.

51 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

5.4 CITY - S1 - ZIP

SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212 OLD OWEN ROAD SP, #68

KERN, ELLYN

79 DRAKES_BIDGE

BENNINGTON IN

LEMERE, DALE

SULTAN WA

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ROSLYN SCHEER

DELETE

4/5/96

22003

34741

SECRETARY/TREASURER

4213 OLD COLUMBIA ANNANDALE VA

EXECUTIVE DIRECTOR

816 WHALEBONE BAY DR

SUSAN WEAVER

ROSLYN SCHEER

KISSIMMEE FL

(407) 933-2064

☐ Addition

Addition

(12/95)R2E037