

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730231 (8)
1. Corporation Name
CENTRAL FLORIDA CULTURAL ENDEAVORS, INC.



Principal Place of Business 901 6TH ST DAYTONA BCH FL 32115	Mailing Address 901 6TH ST DAYTONA BCH FL 32115
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3. Date Incorporated or Qualified 07/17/1974		
4. FEI Number 23-7384704	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24 32117	Country 25	Zip 29 32117	Country 30

9. Name and Address of Current Registered Agent
**COBB, THOMAS T
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491**

10. Name and Address of New Registered Agent
**81 Name David R. Kendall
82 Street Address (P.O. Box Number is Not Acceptable) Chief Financial Officer
83 901 Sixth Street
84 City Daytona Beach FL 85 Zip Code 32117**

11. Pursuant to the provision 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 *David R. Kendall* **David R. Kendall, CFO** **2-23-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	SD	
NAME	DAVIDSON, MARC L.	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	PD	
NAME	DAVIDSON, HERBERT M, JR	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	TASD	
NAME	KANEY, GEORGIA M.	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	VO	
NAME	TRUILO, JULIA DAVIDSON	
STREET ADDRESS	901 SIXTH ST	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	32117		
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	32117		
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	32117		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	32117		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deborah M. Kendall* **2-24-98 (904)-252-1511**

CR2E037 (10/97)