

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 730897 (6)

1. Corporation Name
NEWCOMER'S S.M.M. COMMITTEE, INC.



Principal Place of Business: 861 MAITLAND AVE, ALTAMONTE SPRGS. FLORIDA 32701
Mailing Address: 861 MAITLAND AVE, ALTAMONTE SPRGS. FLORIDA 32701

3. Date Incorporated or Qualified: 10/09/1974
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-0877829	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

MITCHELL, CHARLES I
700 SPRING LAKE RD.
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	MITCHELL, CHARLES I.	1.2 NAME
STREET ADDRESS	700 SPRING LAKE ROAD	1.3 STREET ADDRESS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE
NAME	MCCAW, ANDREW E.	2.2 NAME
STREET ADDRESS	102 RED BAY DRIVE	2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	ARCH, RUTH ANN	3.2 NAME
STREET ADDRESS	2461 DELORAIN TRAIL	3.3 STREET ADDRESS
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 MAGEE, ARLENE
 100 EASTERN FORK
 LONGWOOD, FL 32750
 D
 RABORN, KAREN
 604 Conrad Ct
 Altamonte Springs FL 32701

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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: Charles Mitchell 4-12-96 831-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (12/95)

4-19-96
JR