


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90016 008 \*\*\*245.00

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|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 730897**

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

|   |   |
|---|---|
| Principal Place of Business<br>861 MAITLAND AVE<br>ALTAMONTE SPRGS FL 32701 | Mailing Address<br>861 MAITLAND AVE<br>ALTAMONTE SPRGS FL 32701 |
|---|---|



|   |  |   |                             |                               |
|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>10/09/1974 | 4. FEI Number<br>59-0877829 | Applied For<br>Not Applicable |
| 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                     |                             |                               |

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: *[Signature]* DATE: 2/16/99

Signature, typed or printed name of registered agent and date required (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | PD                         | <input type="checkbox"/> DELETE |
| NAME           | MITCHELL, CHARLES I        |                                 |
| STREET ADDRESS | 700 SPRING LAKE RD.        |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL       |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | MAGEE, ARLENE              |                                 |
| STREET ADDRESS | 100 EASTERN FORK           |                                 |
| CITY-ST-ZIP    | LONGWOOD FL 32750          |                                 |
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | RABORN, KAREN              |                                 |
| STREET ADDRESS | 604 CONRAD CT.             |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32701 |                                 |
| 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

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | 514 Riviera Dr.  |
| 3.4 CITY-ST-ZIP    | Altamonte Spgs FL 32701  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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, on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 2/16/99 DAYTIME PHONE #: 407 831 1212

CR2E037 (1/1/98)