NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 743061**

1. Corporation Name

PROFESSIONAL PHOTOGRAPHERS' SOCIETY OF CENTRAL F . LORIDA, INC.

Principal Place of Busines
2823 BLIND OWL DR

Mailing Address

ORLANDO FL 32822

2823 BLIND OWL DR ORLANDO FL 32822

## **FILED** Mar 29, 1999 8:00 am secretary of State

03-29-1999 90072 043 \*\*\*\*61.25



Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Spite, Apt. #, etc.												
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   29   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   33   Suite, Apt. #, etc.   34   Suite, Apt. #, etc.   35   Suite, Apt. #, etc.   36   Suite, Apt. #, etc.   37   Suite, Apt. #, etc.   38   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   34   Suite, Apt. #, etc.   35   Suite, Apt. #, etc.   36   Suite, Apt. #, etc.   37   Suite, Apt. #, etc.   38   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   34   Suite, Apt. #, etc.   35   Suite, Apt. #, etc.   36   Suite, Apt. #, etc.   36   Suite, Apt. #, etc.   36   Suite, Apt. #, etc.   37   Suite, Apt. #, etc.   38   Suite, Apt. #, etc.   39   Suite, Apt. #, etc.   30   Suite, Apt. #, etc.   31   Suite, Apt. #, etc.   32   Suite, Apt. #, etc.   34   Suite, Apt. #, etc.   35   Suite, Apt. #, etc.   35	2. Principal Pl	ace of Business	2a. Mailing	Address								
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Spite, Apt. #, etc.	_ · ·					05/31/1978						
City & State 32   28   28   29   Country   25   Country   6. Election Campaign Financing   Fee Required   Fee R		#, etc.	Suite, A	pt. #, etc.				· <u> </u>	Appl	ied For		
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City   Country   City & State   City	27						59-1850441		Not.	Applicable		
Zip   Country   Zip   Country   Zip   Country   S. Election Campaign Financing   S.5.00 May Be Added to Fees	City & State City & State					-						
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent are familiar with, and accept the obligations of, Section 617.0503, Florids Statutes.  13. STATUTE Signature Typed or pretion value of registered agent and the vispotable.  14. Pursuant to the provisions of Sections 617.0503 and 617.1508. Florids Statutes, the above-named corporations but of directors. I hereby accept the appointment as registered agent are registered agent and the vispotable.  15. STATUTE Signature Typed or pretion value of pretions agent and the vispotable.  15. Pursuant to the provisions of Sections 617.0503, Florids Statutes, the above-named corporations but of directors. I hereby accept the appointment as registered agent and the vispotable.  16. STATUTE Signature Typed or pretion of pretions are of registered agent and the vispotable.  16. STATUTE Signature Typed or pretion agent at the vispotable.  17. Pursuant to the provisions of Sections 617.0503, Florids Statutes, the above-named corporations but of directors. I hereby accept the appointment as registered agent and the vispotable.  18. Statutes.  19. Statutes.							6. Election Campaign Financing	- ( , , , , , , , , , , , , , , , , , ,				
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	24 25 29 3						Trust Fund Contribution	Added to Fees				
WIKLINSON, KIM 2823 BLIND OWL DR ORLANDO FL 32822  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 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, the above-named 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, the above-named 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, the above-named 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, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept agent agent agent agent appointment as registered agent. I am familiar with, and accept agent		9. Name and Address of Current	Registered Ag	gent			10. Name and Address of New Registered	Agent				
2823 BLIND OWL DR ORLANDO FL 32822  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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  SVPD  ORLANDO FL 32812  TILE  SVPD  DELETE  11 TITLE  SVPD  ORLANDO FL 32812  TILE  SVPD  DELETE  21 TITLE  SVPD  DELETE  S							81 Name					
2823 BLIND OWL DR ORLANDO FL 32822  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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE SIGNATURE Signature, Typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKERSON, JEFF  13. TITLE  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILKE	WIKLINSO	N.KIM WINKINGS	~\		82) Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO FL 32822    83			•••		on other supplies to see some supplies to							
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, or many many many many many many many many		<b>-</b> • • • • • • • • • • • • • • • • • • •			83			•				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's busined the purpose of changing its 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  WILKERSON, JEFF  12. ORLANDO FL 32812  13. TREETADORESS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  PORALIZED OF HIGH Can St.  15. TREETADORESS  16. CITY-ST-ZIP  ORLANDO FL 32812  16. CITY-ST-ZIP  NAME  ROSS, GRANT  STREETADORESS  TO DELETE  17. TRACQSURRE TO MICHANDO FL 32818  17. CITY-ST-ZIP  ORLANDO FL 32818  18. TRACQSURRE TO MICHANDO FL 32818  19. TRACQSURRE TO MICHANDO FL 32818  19. SUPPLETE  10. TO TORREGROSA, SUSAN  19. STREETADORESS  ALTAMONTE SPRINGS FL 32714  21. STREETADORESS  ALTAMONTE SPRINGS FL 32714  22. STREETADORESS  ALTAMONTE SPRINGS FL 32714  23. STREETADORESS  ALTAMONTE SPRINGS FL 32714  24. CITY-ST-ZIP  TO MARKE  TO TORREGROSA, SUSAN  19. STREETADORESS  ALTAMONTE SPRINGS FL 32714  24. CITY-ST-ZIP  TO MARKE  TO TORREGROSA, SUSAN  19. STREETADORESS  ALTAMONTE SPRINGS FL 32714  24. CITY-ST-ZIP  NAME  TORREGROSA, SUSAN  19. STREETADORESS  ALTAMONTE SPRINGS FL 32714  25. STREETADORESS  ALTAMONTE SPRINGS FL 32714  26. CITY-ST-ZIP  NAME  DEATON, DALE  STREETADORESS  TO MICHANDO FL 32818  DELETE  TO MICHANDO FL 32818  TO MICHANDO FL 32818  DELETE  TO MICHANDO FL 32818  DELETE  TO M	CHEMINO	TE VEVEE						los l	Zin Cr			
office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    12.		en e			84	City	F!	65	Zip CC	ru <del>o</del>		
Signature, typed or printed rame of registrated agent and the if applicable. (NOTE: Registrated Agent signature required when refertation)   SAPE	office or re	edistered agent for both, in the State of	Florida, Such	change was author	orizea ov	the corpo	corporation submits this statement for the purpose or pration's board of directors. I hereby accept the appropriate the control of the contro	of changing pintment a	ng its re as regi	egistered stered		
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME STREET ADDRESS  ORLANDO FL. 32812  ORLANDO FL. 32813  ORLANDO FL. 32818  ORLANDO FL. 3281	SIGNATURE		July 15 applicable	(NOTE: Pas	deterned Arres	ot pionature n	equired when reinstating) DATE					
TITLE PD DELETE 1.1 TITLE 1.2 NAME WILKERSON, JEFF STREET ADDRESS 2823 BLIND OWL DR.  ORLANDO FL 32812 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812 1.4 CITY-ST-ZIP ORLANDO FL 3.3 STREET ADDRESS 575 BLOOMINGTON CRT., #14 ALTAMONTE SPRINGS FL 32714 2.4 CITY-ST-ZIP ORLANDO FL 32818 3.2 STREET ADDRESS G330 FOXBRIAR TRAIL 0.3 STREET ADDRESS G330 FOXBRIAR TRAIL 0.4 CITY-ST-ZIP ORLANDO FL 32818 3.4 CITY-ST-ZIP ORLANDO FL 32818 3.4 CITY-ST-ZIP ORLANDO FL 32818 3.4 CITY-ST-ZIP ORLANDO FL 32803 TITLE SD DEATON, DALE 1.5 STREET ADDRESS ORLANDO FL 32803 WOLLD STREET				, (NOTE: Reg		it signizuare i		ND DIRE	CTOR	S IN 12		
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812  TITLE SVPD ROSS, GRANT STREET ADDRESS TSTREET ADDRESS TSTREET ADDRESS TSTREET ADDRESS TORREGROSA, SUSAN TORREGROSA, SUSAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818  DELETE TITLE TD NAME TORREGROSA, SUSAN STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818  DELETE TITLE SD DELETE TOMAGRICAL TOMAGRIC				₩ DFLETE								
STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32812  TITLE SVPD  NAME ROSS, GRANT  STREET ADDRESS FT BLOOMINGTON CRT., #14  CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714  TITLE TO MAME CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714  TITLE TO MAME AS TORREGROSA, SUSAN  STREET ADDRESS GRANT  STREET ADDRESS OF OXBRIAR TRAIL  ORLANDO FL 32818  STREET ADDRESS OF OXBRIAR TRAIL  ORLANDO FL 32818  STREET ADDRESS OF OXBRIAR TRAIL  ORLANDO FL 32818  STREET ADDRESS ORLAND  NAME DEATON, DALE  STREET ADDRESS ORLANDO FL 32803			•	23 02.0.1			Debco Ligari		-			
CITY-ST-ZIP ORLANDO FL 32812  CITY-ST-ZIP OPELATE  SVPD  DELETE  2.1 TITLE  SVPD  NAME  ROSS, GRANT  STREET ADDRESS  CITY-ST-ZIP  ALTAMONTE SPRINGS FL 32714  TITLE  TD  NAME  TORREGROSA, SUSAN  STREET ADDRESS  G330 FOXBRIAR TRAIL  ORLANDO FL 32818  CITY-ST-ZIP  NAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  NAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  NAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  CITY-ST-ZIP  NAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  CITY-ST-ZIP  NAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  CITY-ST-ZIP  ORLANDO FL 32804  CI	_	·			,	r ADDDESS	10109 Higher St					
TITLE SVPD   DELETE   21 TITLE   Change   Addition   Change   Addition   Change   Addition   Change		· · · · · · · · · · · · · · · · · · ·										
NAME  ROSS, GRANT  STREET ADDRESS  575 BLOOMINGTON CRT., #14  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TORREGROSA, SUSAN  STREET ADDRESS  6330 FOXBRIAR TRAIL  CITY-ST-ZIP  ORLANDO FL 32818  DEATON, DALE  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ORLADNO FL 32803  TITLE  SD  ORLADNO FL 32803  TITLE  SD  ORLADNO FL 32803  DELETE  STREET ADDRESS  S						T-ZIP	071A700 126 32000	□ Chr	nne	☐ Addition		
STREET ADDRESS  575 BLOOMINGTON CRT., #14  ALTAMONTE SPRINGS FL 32714  TITLE  TD  NAME  TORREGROSA, SUSAN  STREET ADDRESS  6330 FOXBRIAR TRAIL  ORLANDO FL 32818  XOELETE  ALTITLE  SD  NAME  DEATON, DALE  STREET ADDRESS  23 STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  TITLE  SD  ACITY-ST-ZIP  ORLANDO FL 32803  XOELETE  ALTITLE  SD  ACITY-ST-ZIP  ORLANDO FL 32803  XOELETE  ACITY-ST-ZIP  ORLANDO FL 32803  XOELETE  STREET ADDRESS  ALTITLE  SD  ACITY-ST-ZIP  ACITY-ST-Z				☐ DELETE	_			ن در د		<u> — такия</u>		
ALTAMONTE SPRINGS FL 32714  TITLE  TD  NAME  TORREGROSA, SUSAN  STREET ADDRESS  6330 FOXBRIAR TRAIL  ORLANDO FL 32818  DEATON, DALE  STREET ADDRESS  24 CITY-ST-ZIP  MAME  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  DEATON, DALE  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  ACITY-ST-ZIP  ORLANDO FL 32803  DEATON, DALE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32803  DEATON, DALE  5.1 TITLE  SD  NAME  DEATON, DALE  STREET ADDRESS  DEATON, DALE  5.2 NAME  DEATON, DALE  STREET ADDRESS  TITLE  SD  DEATON, DALE  STREET ADDRESS  TITLE  SD  STREET ADDRESS  TITLE  SD  STREET ADDRESS  TO  Addition  Addition  Addition  Addition  Addition  Addition  ACITY-ST-ZIP  ADDRESS  AL CITY-ST-ZIP  ADDRESS		•			_							
TITLE TD DELETE 31 TITLE TREASURER TO DECHANGE Addition TORREGROSA, SUSAN  STREET ADDRESS 6330 FOXBRIAR TRAIL  ORLANDO FL 32818  ORLANDO FL 32818  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  ORLANDO FL 32803  DELETE TITLE  SD MANE  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  ORLANDO FL 32803  DELETE TITLE  SD MANE  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  DELETE TITLE  SD MANE  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  STREET ADDRESS 20846 HWY 44A  DELETE TITLE  SD MANE  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  STREET ADDRESS 20846 HWY 44A  DELETE TITLE  SD MANE  DEATON, DALE  STREET ADDRESS 20846 HWY 44A  STREET ADDRESS 20846 HWY 44AA	STREET ADDRESS				2.3 STREE	F ADDRESS				•		
TORREGROSA, SUSAN STREET ADDRESS 6330 FOXBRIAR TRAIL ORLANDO FL 32818  DEATON, DALE STREET ADDRESS 20846 HWY 44A  ORLANDO FL 32803  DEATON, DALE STREET ADDRESS ORLANDO FL 32803	CITY-ST-ZIP		·			T-ZIP		TSI Ch.		- Addition		
STREET ADDRESS 6330 FOXBRIAR TRAIL  ORLANDO FL 32818  33.STREET ADDRESS ORLANDO FL 32818  34.CITY-ST-ZIP  MO.11 And FL 32751	TITLE		<u>-</u>	DELETE		-		_ La Cha	inga -	T Taggraph		
ORLANDO FL 32818  34.CITY-ST-ZIP  MAI-LIANDO FL 32818	NAME -	and the second s	_		_		Kichard Fish 0	al				
TITLE SD DEATON, DALE  NAME DEATON, DALE  STREET ADDRESS 20846 HWY 44A  STREET ADDRESS 20846 HWY 44A  ORLADNO FL 32803  ACITY-ST-ZIP  STREET ADDRESS SD DEATON, DALE  STREET ADDRESS STREE	STREET ADDRESS	6330 FOXBRIAR TRAIL			3.3 STREE	TADDRESS	- 1	•				
DEATON, DALE  STREET ADDRESS  20846 HWY 44A  ORLADNO FL 32803  TITLE  SD  DEATON, DALE  STREET ADDRESS  ACITY-ST-ZIP  DEATON, DALE  STREET ADDRESS  DEATON, DALE  STREET ADDRESS  TOCH STOUT St.  STREET ADDRESS  DEATON, DALE  STREET ADDRESS  DEATON	CITY-ST-ZIP	ORLANDO FL 32818			3.4. CITY-5	T-ZIP	Maitland, I-L 32751	<del></del>				
STREET ADDRESS 20846 HWY 44A  ORLADNO FL 32803  ACITY-ST-ZIP  ORLADNO FL 32803  ACITY-ST-ZIP  STREET ADDRESS  LINTER POIK, FL 33789  Change Addition  STREET ADDRESS  STREET ADDRESS  TITLE  STREET ADDRESS  20846 HWY 44-A  STREET ADDRESS  ACITY-ST-ZIP	TITLE	SD .		DELETE	4.1 TITLE			<b>∠</b> Cha	ange	Addition		
ORLADNO FL 32803  TITLE SD  NAME  DEATON, DALE  STREET ADDRESS  TO STREET ADDRESS  DEATON OF L 32803  ACCTIV-ST-ZIP  STREET ADDRESS  DEATON OF L 32803  ACCTIV-ST-ZIP  WINTER POIK, FL 30 18 9  Addition  DEATON OF L 32803  ACCTIV-ST-ZIP  WINTER POIK, FL 30 18 9  Addition  TO STATE TO	NAME	DEATON, DALE			4. 2 NAME		BOD WILLSON CI					
ORLADNO FL 32803  TITLE SD  NAME  DEATON, DALE  STREET ADDRESS  TO STREET ADDRESS  DEATON OF L 32803  ACCTIV-ST-ZIP  STREET ADDRESS  DEATON OF L 32803  ACCTIV-ST-ZIP  WINTER POIK, FL 33 18 9  Addition  TO STANDARD STREET ADDRESS  ACCTIV-ST-ZIP  WINTER POIK, FL 33 18 9  Addition  TO STANDARD STREET ADDRESS  ACCTIV-ST-ZIP  WINTER POIK, FL 33 18 9  Addition  TO STANDARD ST	STREET ADDRESS	20846 HWY 44A			4.3 STREE	TADDRESS	1540 ChisTNUT ST.	. ^				
TITLE SD DEATON, DALE  NAME DEATON, DALE  STREET ADDRESS CHUM MO King ham RX  STREET ADDRESS CHUM MO King ham RX  STREET ADDRESS CHUM MO King ham RX	CITY-ST-ZIP	ORLADNO FL 32803			4 <u>4 CITY</u> -S	T-ZIP	WINTER POIK, FL 3378					
STREET ADDRESS 20846 HWY, 44-A  53 STREET ADDRESS 244 MO King ham Rd				DELETE	5.1 TITLE		VILL PRESIDENT UPD	🔀 Ch	ange	Addition		
STREET ADDRESS 20846 HWY. 44-A 5.3 STREET ADDRESS 2444 MO Kingham Rd.	NAME	DEATON, DALE	•	•	5.2 NAME		Judy Fish					
ELIOTO EL COTO					5.3 STREE	TADDRESS	2464 Markingham Rd					
CITY_ST_7IP   EUSIIS FL 32/30	CITY-ST-ZIP	EUSTIS FL 32736			5.4 CITY-S	T-ZIP	maitland, FC 30751					
TITLE ED / DELETE 6.1 TITLE Change Addition				DELETE	6.1 TITLE			Ch	ange	Additio		
NAME WILKSINSON, KIM (WILKINSON) 62 NAME			റടരപ	)	6.2 NAME		·					
STREET ADDRESS 2823 BLIND OWL DR 6.3 STREET ADDRESS			,	<b>′</b>	6,3 STREE	TADDRESS						

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ORLANDO FL 32822

407-275-0989