FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:17

DOCUMENT # 745093 (5)

1. Corporation Name
VOLUNTEER CENTER OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
~~100 N HILLS AVE SUITE #1 ORLANDO FL 32801~~ 1751 Grace Hopper Ave, B2006 Orlando, FL 32813	~~1900 N HILLS AVE SUITE #1 ORLANDO FL 32803~~ PO Box 149425 Orlando, FL 32814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1879987 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1751 Grace Hopper Ave.	26 P.O. Box 149425
Suite, Apt. #, etc. 22 2006	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32813 Country 25 Orange	Zip 29 32814 Country 30 Orange

9. Name and Address of Current Registered Agent

BROCKMAN, CHRIS
2 S ORANGE ~~AVE~~ Plaza
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	TD/SD ☒ Change ☐ Addition
NAME	ADDISCOTT, LYNN	12 NAME	Thomas Werner
STREET ADDRESS	390 N ORANGE AVE #1900	13 STREET ADDRESS	601 E. Rollins Ave.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32803
TITLE	SD	21 TITLE	CD ☒ Change ☐ Addition
NAME	RICHEY, DIANE	22 NAME	John Bava
STREET ADDRESS	250 S ORANGE AVE	23 STREET ADDRESS	200 S. Orange Ave, Ste. 1800
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32801
TITLE	CD	31 TITLE	Chair-Elect ☒ Change ☐ Addition
NAME	BORCKMAN, CHRIS	32 NAME	Tom Yockum
STREET ADDRESS	2 S. ORANGE PLAZA	33 STREET ADDRESS	390 N. Orange Ave., Ste 900
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32802
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	SAMS, KIM	42 NAME	
STREET ADDRESS	1375 BUENA VISTA DR	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 00	44 CITY-ST-ZIP	
TITLE	Interim President, Director	51 TITLE	☐ Change ☐ Addition
NAME	Napoleon B. Head	52 NAME	
STREET ADDRESS	1751 Grace Hopper Avenue B 2006	53 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32813	54 CITY-ST-ZIP	
TITLE		61 TITLE	WILL BE FILED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Barbara Hostler 3/24/95 (407) 897-6677
BARBARA AND TYPED OR PRINTED NAME OF ~~SECRETARY~~ OFFICER OR DIRECTOR Date Daytime Phone #

N.H. Napoleon B. Head INTERIM PRESIDENT

0004100