

FILE NOW: FILING FEE IS \$61.25 5/1/96

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745093 (5)

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



Principal Place of Business
**1751 GRACE HOPPER AVE
STE 2006
ORLANDO FL 32813
US**

Mailing Address
**P OBOX 149425
ORLANDO FL 32814
US**

3. Date Incorporated or Qualified **11/29/1978** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 1751 Grace Hopper Avenue	2a. Mailing Address 26 PO Box 149425	4. FEI Number 59-1879987	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Building 2006	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Orlando, FL	City & State 28 Orlando, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32814-0636	Country 25 Orange	Zip 29 32814	Country 30 Orange

9. Name and Address of Current Registered Agent BROCKMAN, CHRIS 2 S ORANGE AVE ORLANDO FL 32801		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDSD WERNER, THOMAS 601 E ROLLINS AVE ORLANDO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	BAVA, JOHN 200 S ORANGE AVE STE 1800 ORLANDO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bava, John 200 S Orange Ave STE 1800 Orlando, FL
TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	YOCHUM, TOM 390 N ORANGE AVE STE 900 ORLANDO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Yochum, Tom 390 N Orange Ave STE 900 Orlando, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SAMS, KIM 1375 BUENA VISTA DR LAKE BUENA VISTA FL 00 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CD (Chair/Director) Brockman, Chris 2 S, Orange Avenue Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEAD, NAPOLEAN B 1751 GRACE HOPPER AVE B-2006 ORLANDO FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas A. Yochum* 407-897-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)