

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**

Suite, Apt. #, etc.  
**22 Building 2006**

City & State  
**23 Orlando, FL**

Zip  
**24 32814-0636**

2a. Mailing Address  
**26 PO Box 149425**

Suite, Apt. #, etc.  
**27**

City & State  
**28 Orlando, FL**

Zip  
**29 32814**

Country  
**30 Orange**

4. FEI Number  
**59-1879987**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TDSD</b>	<input type="checkbox"/> DELETE
NAME	<b>WERNER, THOMAS</b>	
STREET ADDRESS	<b>601 E ROLLINS AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>BAVA, JOHN</b>	
STREET ADDRESS	<b>200 S ORANGE AVE STE 1800</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>CED</b>	<input type="checkbox"/> DELETE
NAME	<b>YOCHUM, TOM</b>	
STREET ADDRESS	<b>390 N ORANGE AVE STE 900</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMS, KIM</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 00</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEAD, NAPOLEAN B</b>	
STREET ADDRESS	<b>1751 GRACE HOPPER AVE B-2006</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bava, John</b>
2.3 STREET ADDRESS	<b>200 S Orange Ave STE 1800</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Yochum, Tom</b>
3.3 STREET ADDRESS	<b>390 N Orange Ave STE 900</b>
3.4 CITY-ST-ZIP	<b>Orlando, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CD (Chair/Director)</b>
4.3 STREET ADDRESS	<b>Brockman, Chris</b>
4.4 CITY-ST-ZIP	<b>2 S, Orange Avenue</b>
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-897-6677

Daytime Phone #

CR2E037 (12/95)