

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747650** (0)  
1. Corporation Name  
**CPR FOR CITIZENS OF EAST CENTRAL FLORIDA, INC.**



Principal Place of Business <b>7121 NATHAN CT WINTER PARK FL 32792</b>	Mailing Address <b>PO BOX 4955 WINTER PARK FL 32793-4955</b>
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3. Date Incorporated or Qualified <b>06/14/1979</b>	3a. Date of Last Report <b>12/30/1996</b>
4. FEI Number <b>59-1917913</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOES, DAVID~~  
~~802 E. S. CONWAY ROAD~~  
~~ORLANDO FL 32807-1042~~

81 Name <b>Jef Walker</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7121 Nathan Court</b>
83
84 City <b>Winter Park</b>
85 Zip Code <b>FL 32792</b>

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 *Jef Walker* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, NANCY	1.2 NAME	
STREET ADDRESS	3051 GOLDSBORO PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32765	1.4 CITY-ST-ZIP	oviedo FL 32765
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STEVE	2.2 NAME	
STREET ADDRESS	4728 OLD WINTER GARDEN PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811-1746	2.4 CITY-ST-ZIP	
TITLE	<del>BDM</del> <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RIVERO, PABLO</del>	3.2 NAME	Charles Bracewell
STREET ADDRESS	<del>420 1ST STREET N</del>	3.3 STREET ADDRESS	2380 Waccassa Street
CITY-ST-ZIP	<del>ORLANDO FL 32704</del>	3.4 CITY-ST-ZIP	Geneva FL 32749
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CRAMER, STEVE	4.2 NAME	
STREET ADDRESS	256 KETTLE CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

Daytime Phone # 00000000

CR2E037 (9/96)