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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747650

1. Corporation Name

CPR FOR CITIZENS OF EAST CENTRAL FLORIDA, INC.

Principal Place of Business

7121 NATHAN CT  
WINTER PARK FL 32792

Mailing Address

PO BOX 4955  
WINTER PARK FL 32793-4955



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
06/14/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1917913

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGARITY, RICHARD  
2424 FIFESHIRE DR  
WINTER PARK FL 32792

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDT  
NAME MCGARITY, RICK  
STREET ADDRESS 2424 FIFESHIRE DR  
CITY-ST-ZIP WINTER PARK FL 32792

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  
NAME MEADORS, TODD  
STREET ADDRESS 4728 OLD WINTER GARDEN PL  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  
NAME BRACEWELL, CHARLES  
STREET ADDRESS 2380 WACCASSA ST  
CITY-ST-ZIP GENEVA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

SD BRACEWELL, CHARLES  
441 S. DEERFIELD  
ORLANDO, FL 32825

TITLE D  
NAME CRAMER, STEVE  
STREET ADDRESS 256 KETTLE COURT  
CITY-ST-ZIP CASSELBERRY FL 32707

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME WALKER, JEF  
STREET ADDRESS 7121 NATHAN COURT  
CITY-ST-ZIP WINTER PARK FL 32792

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Richard McGarity*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD MCGARITY 2/4/99 (407) 629-5183  
Date Daytime Phone #

CR2E037 (1/98)