

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # 750971 (4)**

1. Corporation Name

**THE EXPLORER'S CLUB, CENTRAL FLORIDA CHAPTER, INC.**

95 JAN 30 AM 9:23

Principal Place of Business

Mailing Address

202 QUAYSIDE CIRCLE PH-3  
MAITLAND FL 32751

202 QUAYSIDE CIRCLE PH-3  
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1980

3a. Date of Last Report

03/17/1994

4. FEI Number

52-1266958

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, R. PATRICK  
200 N. THORNTON AVENUE  
ORLANDO FL 32801-9164

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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

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  
NAME

S

WILKINSON, ROBERT F

STREET ADDRESS

202 QUAYSIDE CIR PH-3

CITY-ST-ZIP

MAITLAND FL 32751

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

VC

NAME

LEE H. CLIFFORD

STREET ADDRESS

300 MELROSE AVE. #A-24

CITY-ST-ZIP

WINTER PARK FL 32789-5605

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

T

NAME

RUNDQUIST, PETER A.

STREET ADDRESS

7235 LAKE DRIVE

CITY-ST-ZIP

ORLANDO FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

VO

NAME

KERR, JAMES W.

STREET ADDRESS

2917 BANCHORY RD

CITY-ST-ZIP

WINTER PARK FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☒ Change ☐ Addition

Florence H. Lamborn

1244 Melissa Court

Winter Park FL 32789

TITLE

D

NAME

SKJERSAA, NORMAN H.

STREET ADDRESS

7450 LAKE MARSHA DR

CITY-ST-ZIP

ORLANDO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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:

*R.F. Wilkinson*

Robert F. Wilkinson

1/24/95

(407) 539-1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #