

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750971 (4)

1. Corporation Name

THE EXPLORER'S CLUB, CENTRAL FLORIDA CHAPTER, IN C.



Principal Place of Business

Mailing Address

**202 QUAYSIDE CIRCLE PH-3
MAITLAND FL 32751**

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MAITLAND FL 32751**

3. Date Incorporated or Qualified
02/07/1980

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-1266958

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

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

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**

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 **S** ☐ DELETE
NAME **WILKINSON, ROBERT F**
STREET ADDRESS **202 QUAYSIDE CIR PH-3**
CITY-ST-ZIP **MAITLAND FL**

1.1 TITLE **C** ☐ Change ☒ Addition
1.2 NAME **WAITE, JOHN E.**
1.3 STREET ADDRESS **500 TREASURE ISLAND C'WAY #504**
1.4 CITY-ST-ZIP **TREASURE ISLAND, FL ##&)¢**

TITLE **VC** ☐ DELETE
NAME **LEE H. CLIFFORD**
STREET ADDRESS **300 MELROSE AVE. #A-24**
CITY-ST-ZIP **WINTER PARK FL 32789-5605**

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

TITLE **T** ☐ DELETE
NAME **RUNDQUIST, PETER A.**
STREET ADDRESS **7235 LAKE DRIVE.**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ DELETE
NAME **LAMBONN, FLORENCE M.**
STREET ADDRESS **1244 MELISSA COURT**
CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **D** ☐ DELETE
NAME **SKJERSAA, NORMAN H.**
STREET ADDRESS **7458 LAKE MARSHA DR**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Daytime Phone #

R. F. Wilkinson

01/19/96

(407) 539-1421

Robert F. Wilkinson

Secretary

CR2E037 (12/95)