

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750971 (4)

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



Principal Place of Business 202 QUAYSIDE CIRCLE PH-3 MAITLAND FL 32751	Mailing Address 202 QUAYSIDE CIRCLE PH-3 MAITLAND FL 32751-5771
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/07/1980		3a. Date of Last Report 01/29/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 52-1266958		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PHILLIPS, R. PATRICK 200 N. THORNTON AVENUE ORLANDO FL 32801-9164				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILKINSON, ROBERT F			1.2 NAME			
STREET ADDRESS	202 QUAYSIDE CIR PH-3			1.3 STREET ADDRESS			
CITY - ST - ZIP	MAITLAND FL			1.4 CITY - ST - ZIP			
TITLE	VC	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE H. CLIFFORD			2.2 NAME			
STREET ADDRESS	300 MELROSE AVE. #A-24			2.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL 32789-5605			2.4 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUNDQUIST, PETER A.			3.2 NAME			
STREET ADDRESS	7235 LAKE DRIVE.			3.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMBONN, FLORENCE M.			4.2 NAME	JOHNSON, FLORENCE M.		
STREET ADDRESS	1244 MELISSA COURT			4.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL			4.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKJERSAA, NORMAN H.			5.2 NAME			
STREET ADDRESS	7458 LAKE MARSHA DR			5.3 STREET ADDRESS			
CITY - ST - ZIP	ORLANDO FL			5.4 CITY - ST - ZIP			
TITLE	C	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIATE, JOHN E.			6.2 NAME			
STREET ADDRESS	500 TREASURE ISLAND CAUSEMWAY #504			6.3 STREET ADDRESS			
CITY - ST - ZIP	TREASURE ISLAND FL			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: *R.F. Wilkinson* **Robert F. Wilkinson** (407) 539-1421 01/12/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014148

CR2E037 (9/96)