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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 750971

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

Principal Place of Business	Mailing Address
P O BOX 620429 OVIEDO FL 32762-429 US	~~202 QUAYSIDE CIRCLE PH-3~~ SAME AS ~~MAITLAND FL 32751~~ PRINCIPAL PLACE OF BUSINESS JSW

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-1266958 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WHITTIER, HENRY O		1.2 NAME		
STREET ADDRESS	P O BOX 620429 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVEIDO FL 32762-0429		1.4 CITY-ST-ZIP		
TITLE	VC D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEE H. CLIFFORD		2.2 NAME		
STREET ADDRESS	740 MELROSE AVE. #A-24		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789-5605		2.4 CITY-ST-ZIP		
TITLE	T D	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FLORRENCE		4.2 NAME		
STREET ADDRESS	1244 MELISSA COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHARD, PETER		5.2 NAME		
STREET ADDRESS	401 CENTRAL AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		5.4 CITY-ST-ZIP		
TITLE	C D	☐ DELETE	6.1 TITLE		☐ Change ☐ 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 33706		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: SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN

CR2E037 (11/98)