FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752198** **(2)**

1. Corporation Name
EXECUTIVE EXCHANGE COUNCIL, INC.

Principal Place of Business	Mailing Address
3319 MAGUIRE BLVD STE 155 ORLANDO FL 32803 US	P.O. BOX 2973 P. O. BOX 2973 WINTER PARK FL 32790 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2005353 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / County 25	Zip 29 / County 30	8. The corporation has liability for any state tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEUPAUER, WANDA P.
3319 MAGUIRE BLVD., STE. 155
ORLANDO FL 32803

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	S/T/D	☐ Change ☒ Addition
NAME	MOON, WALTER	12 NAME	Helen Hofmann	
STREET ADDRESS	1218 E. ROBINSON ST.	13 STREET ADDRESS	3155 Clemson Road	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	DT	21 TITLE	D/VP	☒ Change ☐ Addition
NAME	FRENCH, ROBERT	22 NAME	Robert French	
STREET ADDRESS	2114 S. ORANGE BLOSSOM TR.	23 STREET ADDRESS	2114 S. Orange Blossom Trail	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	DP	31 TITLE	D	☒ Change ☐ Addition
NAME	COX, JOHN	32 NAME	John Cox	
STREET ADDRESS	2290 LEE ROAD	33 STREET ADDRESS	2290 Lee Road	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	BUTLER, PAT	42 NAME	Jack Leach	
STREET ADDRESS	721 VIRGINIA DR.	43 STREET ADDRESS	100 Marcia Drive	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Alramonte Springs, FL 32714	
TITLE	DVP	51 TITLE	P/D	☒ Change ☐ Addition
NAME	PREBLE, DON	52 NAME	Don Preble	
STREET ADDRESS	499 E. CENTRAL PKWY #220	53 STREET ADDRESS	499 E. Central Parkway #220	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	54 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	ROBOSKI, W. S JR.	62 NAME	Jeffifer Bridgwater	
STREET ADDRESS	2490 SNOW HILL RD.	63 STREET ADDRESS	4059 S. Highway 17-92	
CITY-ST-ZIP	CHULUOTA FL	64 CITY-ST-ZIP	Casselberry, FL 32707	

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)(i), Florida Statutes. I further certify that the information indicated on this unpaid 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: _____ John M. Cox, III 4-26-95 407-644-7776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000261