FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

752198

(2)

EXECUTIVE EXCHANGE COUNCIL, INC.

Principal Place of Business Mailing Address							ion ordin diori didi			
3319 MAGUIRE BLVD P.O. BOX 2973 STE 155 P. O. BOX 2973 ORLANDO FL 32803 WINTER PARK FL 32790										
US US						3. Date Incorporated or Qualified 04/25/1980	3a. Date of Last Report 05/01/1995			
2. Principal Pla 21	ace of Business	2a. Mailing Address				4. FEI Number 59-2005353	Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	.75	Additional	
City & State	3	City & State				Election Campaign Financing			equired May Be	
23		Zip Country				Trust Fund Contribution Added to Fees				
Zip 24	Country 25	——————————————————————————————————————			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			99.032,		
9. Name and Address of Current Flegistered Agent						10. Name and Address of New Re-	gistered Agent			
					Name					
NEUPAUER, WANDA P.				82	Street Addre	SS (P.O. Box Number is Not Acceptable)				
3319 MAGUIRE BLVD., STE. 155 ORLANDO FL 32803				83		<u> </u>				
				84	City		 85	Zip (Code	
			 		-		FL	·		
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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									gent. I am	
SIGNATURE Signature, typod or printed name of registered egent and title if applicable. [NOTE: Registered Agent signature required when reinstating] DATE										
12.	OFFICERS AND DIRECTORS 13			i Mari	r signature required	ADDITIONS/CHANGES TO OFFIC		CTOR	S IN 12	
TITLE	STD			TLE			Chai		Addition	
NAME			1.2 N	AME						
STREET ADDRESS			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP			1.4 0	ITY-S	T-ZIP					
TITLE			2.1 TI	TLE			Chai	nge	☐ Addition	
NAME	FRENCH, ROBERT	T O	2.2 NAME							
STREET ADDRESS	2114 S. ORANGE BLOSSOM	IK.	2.3 STREET A							
CITY-ST-ZIP TITLE	APOPKA FL D	□ DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		ST-ZIP		D Cha		□ Addition	
NAME	00V (010)		1			•	☐ Chai	ប្រម	☐ Addition	
STREET ADDRESS	2000 LEE BOAD			3.2 NAME 3.3 STREET ADDRESS						
CITY-S1-ZIP	WARTED DADY EL									
TITLE	D	DELETE	3.4. U		ST-ZIP		Chai	noe	Addition	
NAME	LEACH, JACK		4.21							
STREET ADDRESS	AND MAROUA DO			ADDRESS						
CITY-ST-ZIP	ALTOMONTE SPRINGS FL				T-ZIP					
TITLE	PD	DELETE	5.1 Ti		1 - 21		☐ Cha	nge	Addition	
NAME	PREBLE, DON		5.2 N	AME			_	•		
STREET ADDRESS	AND E DELITERAL BURING MODE			5.3 STREET ADDRESS						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL				T-ZIP				İ	
TITLE	D	DELETE	6.1 TI				☐ Cha	nge	Addition	
NAME	BRIDGEWATER, JENNIFER	NIFER		2 NAME						
STREET ADDRESS	4454 5 15104 47 44			6.3 STREET ADDRESS					j	
OAGGE DEDDY EL				6.4 CITY-ST-ZIP						
		ith this filing is voluntarily furni				r the exemption stated in Section 119.0	7/3)/k) Florida S	tati ites	Lfurther	

Too hereby certify that the information supplied with this tiling is voluntarily turnished and does not quality 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:

Robert French

4-29-96 Date

407-886-3729

Daytime Phone #