SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

✓ NONPROFIT
CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:25

DOCUMENT # **752522** **(3)**

1. Corporation Name

NATIONAL MARRIAGE ENCOUNTER OF CENTRAL FLORIDA, INC

Principal Place of Business	Mailing Address
123 E. LIVINGSTON STREET ORLANDO FL 32801	123 E. LIVINGSTON STREET ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1937555 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAUS, NANCY Q. 123 E. LIVINGSTON STREET ORLANDO FL 32801	81 Name: SANDRA L. OGG 82 Street Address (P.O. Box Number is Not Acceptable): 4704 JAMESON PL. 83 84 City: ORLANDO FL 85 Zip Code: 32807

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 617.0500, Florida Statutes.

SIGNATURE: Sandra L. Ogg — 6/12/95
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	TD	11 TITLE	☒ Change ☐ Addition
NAME	KRAUS, NANCY Q.	12 NAME	Delete Nancy Q Kraus
STREET ADDRESS	2649 ABALONE BLVD	13 STREET ADDRESS	Terminally ill at this
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	date.
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	KRAUS, FRANK A.	22 NAME	
STREET ADDRESS	2649 ABALONE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	OGG, CHARLES	32 NAME	
STREET ADDRESS	4704 JAMERSON	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	OGG, SANDRA L	42 NAME	
STREET ADDRESS	4704 JAMERSON	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	COHEN, JULES S.	52 NAME	
STREET ADDRESS	802 LAKE DAVIS DR.	53 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	COHEN, ELIZABETH A.	62 NAME	
STREET ADDRESS	802 LAKE DAVIS DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

CR2E037 (3/95)

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 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: Sandra L. Ogg — 6/12/95 — 407-896-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0004382