


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752750** (0)
1. Corporation Name
ORLANDO CHAPTER OF SAFARI CLUB INTERNATIONAL, IN C.



Principal Place of Business 5640 CARDER ROAD ORLANDO FL 32810-4785	Mailing Address 5640 CARDER ROAD ORLANDO FL 32810-4785
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3. Date Incorporated or Qualified 06/03/1980	
4. FEI Number 94-2684639	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
ORLANDO, FL	ORLANDO, FL
32860-8526	ORANGE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMAS, WILLIAM P. 3320 CARLA ST. ORLANDO FL 32806
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	LOPEZ-REYES, NELSON
STREET ADDRESS	2791 LAKE HELEN OSTEEN RD
CITY-ST-ZIP	DELTONA FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCCAULEY, JEROME P.
STREET ADDRESS	1600 E. ROBINSON ST. #300
CITY-ST-ZIP	ORLANDO FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	THOMAS, SCOTT C
STREET ADDRESS	3025 CULLEN LAKE SHORE DR
CITY-ST-ZIP	ORLANDO FL 32812
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RANDY PEARCE
4.3 STREET ADDRESS	1009 PINE STREET
4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32824
5.1 TITLE	TREASURER - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BEN MAGALDINO
5.3 STREET ADDRESS	1362 AUGUSTA NATIONAL BLVD.
5.4 CITY-ST-ZIP	WINTER SPRINGS, FL. 32708
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE _____ 6-19 98 407-8346381

CR2E037 (10/97)