

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759035 (9)

1. Corporation Name

CENTRAL FLORIDA FLYRODDERS, INC.



Principal Place of Business

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

Mailing Address

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

3. Date Incorporated or Qualified
07/06/1981

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1950284

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANCESCHINA, GORDON
315 EAST NEW ENGLAND AVENUE
WINTER PARK FL

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 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARSON, DAVE
STREET ADDRESS 3371 SANDY SHORE LANE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE VD
NAME ARMS, DAVID
STREET ADDRESS 627 DARCEY DR
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE VD
NAME HUDSON, STU
STREET ADDRESS 113 BEAR CIRCLE
CITY-ST-ZIP LONGWOOD FL ☒ DELETE

TITLE TD
NAME DAVIS, MARY
STREET ADDRESS 924 PARK MANOR DR.
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S
NAME LACHTARA, ROBERT
STREET ADDRESS 1810 GLENDALE RD
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D
NAME OSBORN, JARED
STREET ADDRESS 1012 PEGEL CT
CITY-ST-ZIP OVIEDO FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BARSON, DAVE
1.3 STREET ADDRESS 3371 SANDY SHORE LN
1.4 CITY-ST-ZIP KISSIMMEE, FL 34743

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME ~~DAVID~~ DONOGHUE, DONALD
2.3 STREET ADDRESS 2125 HOFFNER AV
2.4 CITY-ST-ZIP ORLANDO, FL 32809

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME LACHTARA, ROBERT
3.3 STREET ADDRESS 1810 GLENDALE RD
3.4 CITY-ST-ZIP ORLANDO FL 32808

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME DAVIS, MARY
4.3 STREET ADDRESS 924 PARK MANOR DR
4.4 CITY-ST-ZIP ORLANDO, FL 32825

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME OSBORN, JARED
5.3 STREET ADDRESS 1012 PEGEL CT
5.4 CITY-ST-ZIP OVIEDO, FL 32765

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME EARL WARREN
6.3 STREET ADDRESS 4602 HAYLOCK DR
6.4 CITY-ST-ZIP ORLANDO, FL 32807

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)(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:

Mary J. Davis Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY J. DAVIS 3-16-96
Dep. Sec. Bank 6125

CR2E037 (12/95)