

FILE NOW: FILING FEE IS \$61.25

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Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761349** (0)  
1. Corporation Name  
**CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.**



Principal Place of Business <b>P.O. BOX 948042, MAITLAND, FL 32751 E GRACE SMITH, 1911 WEBER ST ORLANDO FL 32803 US</b>	Mailing Address <b>P.O. BOX 948042, MAITLAND, FL 32751 E GRACE SMITH, 1911 WEBER ST ORLANDO FL 32803 US</b>
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2. Principal Place of Business <b>MAITLAND, P.O. BOX 948042 FLA 32751</b>	2a. Mailing Address <b>MAITLAND, P.O. BOX 948042 FLA 32751</b>	3. Date Incorporated or Qualified <b>01/06/1982</b>	3a. Date of Last Report <b>04/25/1996</b>
22. Suite, Apt. #, etc. <b>N.J. PURYEA 3701 IBIS DR</b>	27. Suite, Apt. #, etc. <b>N.J. PURYEA 3701 IBIS DR.</b>	4. FEI Number <b>58-1882108</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State <b>ORLANDO, FLORIDA</b>	28. City & State <b>ORLANDO, FLORIDA</b>	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
24. Zip <b>32803</b>	25. Country <b>US</b>	29. Zip <b>32803</b>	30. Country <b>US</b>

9. Name and Address of Current Registered Agent  
**SUTTON, CAROL  
9009 LAKE HOPE DR.  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent  
81. Name  
**PURYEA, NELSON J.**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**3701 IBIS DR**  
83. City  
**ORLANDO** FL 85. Zip Code  
**32803**

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 *Nelson J. Puryea* (NOTE: Registered Agent signature required when reinstating) DATE **4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ARENS, MATHEW 112 OLD HICKORY CT LONGWOOD FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>P LIMA, MANNIE 850 CALAFUT CT. QUIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S RUDOLPH, JOAN 253 HACIENDA VILLAGE WINTER SPRINGS FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>S ARENS, MATHEW 112 OLD HICKORY CT LONGWOOD, FL 32750</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T SMITH, E. GRACE 1911 WEBER ST ORLANDO FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>T PURYE, NELSON J. 3701 IBIS DR. ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HANKINS, WENDY 555 SEMINOLE WOOD SBLVD GENEVA FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ARNES, NICOLE 112 OLD HICKORY CT LONGWOOD FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>D LIMA, KATHY 850 CALAFUT CT. QUIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PURYE, LINDA 3701 S BIS DR ORLANDO FL</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Nelson J. Puryea* DATE: **4/15/97** DAYTIME PHONE: **407-836-7203**

CR2E037 (9/96)