

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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	Mailing Address
P O BOX 948042 N J PURYEY 3701 IBIS DR ORLANDO FL 32803 US	P O BOX 948042 N J PURYEY 3701 IBIS DR ORLANDO FL 32803 US

3. Date Incorporated or Qualified <b>01/06/1982</b>	Applied For Not Applicable
4. FEI Number <b>58-1882108</b>	

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

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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PURYEY, NELSON J  
3701 IBIS DR  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 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. Purvey DATE 4/28/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P LIMA, MANNIE
STREET ADDRESS	850 CALAFUT CT
CITY-ST-ZIP	OWIEDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	S ARENS, MATHEW
STREET ADDRESS	112 OLD HICKORY CT
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	T PURYEY, NELSON J
STREET ADDRESS	3701 IBIS DR
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HANKINS, WENDY
STREET ADDRESS	555 SEMINOLE WOOD BLVD
CITY-ST-ZIP	GENEVA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LIMA, KATHY
STREET ADDRESS	850 CALAFUT CT
CITY-ST-ZIP	OWIEDO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PURYEY, LINDA
STREET ADDRESS	3701 S BIS DR
CITY-ST-ZIP	ORLANDO FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D PENAYS, CHRISTY
5.3 STREET ADDRESS	1812 JANICE AVE.
5.4 CITY-ST-ZIP	ORLANDO, FL 32803
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D ARENS, NICOLE
6.3 STREET ADDRESS	112 OLD HICKORY CT.
6.4 CITY-ST-ZIP	LONGWOOD, FL 32750

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: Nelson J. Purvey DATE 4/28/98 407836-7203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25037 (10/97)