

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 # 762519 (7)

1. Corporation Name

BILL MCCOLLUM INTERN PROGRAM, INC.



Principal Place of Business

Mailing Address

605 EAST ROBINSON ST
STE 650
ORLANDO FL 32801
US

605 EAST ROBINSON ST
STE 650
ORLANDO FL 32801
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/19/1982

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2181595

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

10. Name and Address of New Registered Agent

DAVIS, MICHAEL S
300 ADAIR AVENUE
LONGWOOD FL 32750

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
DAVIS, MICHAEL S
300 ADAIR AVENUE
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
MCCOLLUM, BILL
605 E ROBINSON ST SUITE 650
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
SIMPSON, PATRICIA
650 SANDPIPER RD
APOPKA FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
MCCARTHY, ANNA
903 LEIGH AVENUE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
VOGT, LINDA
5111 BELLEVILLE AVENUE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BUERGER, ROBERT P
26 MINNEHAHA CIR
MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bill McCollum, President

April 26, 1996

(407)872-1962

Date

Daytime Phone #

CR2E037 (12/95)