

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 765403 (1)  
1. Corporation Name  
CENTRAL FLORIDA URBAN BANKERS ASSOCIATION, INC.



Principal Place of Business  
390 N. ORANGE AVE.  
STE. 900  
ORLANDO FL 32801

Mailing Address  
P.O. BOX 2413  
ORLANDO FL 32802

3. Date Incorporated or Qualified  
10/14/1982

3a. Date of Last Report  
10/16/1995

4. FEI Number  
NOT APPLICABLE

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

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

9. Name and Address of Current Registered Agent  
FURLOUGH, RUBY C  
390 N. ORANGE AVE.  
STE. 900  
ORLANDO FL 32801

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 Ruby Capers Furlough Ruby Capers Furlough 8/6/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MILLER, STEPHANIE	460 E. ALTAMONTE DR.	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>
VD	SMITH, PATRICK	200 S. ORANGE AVE., TOWER 7	ORLANDO FL 32801	<input checked="" type="checkbox"/>
SD	FURLOUGH, RUBY CAPERS	390 N. ORANGE AVE., STE. 900	ORLANDO FL 32801	<input checked="" type="checkbox"/>
TD	WILLIAMS, MACHELLE	1703 W. VINE STREET	KISSIMMEE FL 34741	<input checked="" type="checkbox"/>
D	HARRIS, ANN BROWN	715 GOLDWYN AVE.	ORLANDO FL 32805	<input type="checkbox"/>
S	WHITE, SHARON	200 S. ORANGE AVE., TOWER 4	ORLANDO FL 32801	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
PD	Smith, Michael (Smith, michael)	800 N. Magnolia Avenue, Suite 800	Orlando, FL 32803	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Williams, Machelie	10900 Orangewood Boulevard	Orlando, Florida 32821	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Alexander, Sandrina	707 Hendam Blvd., STE 307-9945	Orlando, FL 32825	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Johnson, Leslie	7105 Silverstar Road	Orlando, Florida 32818	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Miller, Stephanie	460 E Altamonte Drive	Altamonte, Florida 32701	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Stephanie Miller 8/2/96 407-263-6075  
Signature, typed or printed name of signing officer or director Date Daytime Phone #