FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

'95 MAY 11 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768270** **(1)**

1. Corporation Name

CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12319 S. ORANGE BLOSSOM TRAIL SUITE 300 ORLANDO FL 32837-6506	12319 S. ORANGE BLOSSOM TRAIL SUITE 300 ORLANDO FL 32837-6506

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/04/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2372777** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

STATON, ATHENA
9753 S. ORANGE BLOSSOM TR.
SUITE 211
ORLANDO FL 32837

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature, Typed or Printed Name of Registered Agent and Title of Agent, if any) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VD	☐ Change ☑ Addition
NAME	SNYDER, LESLIE	12 NAME	Kim Johnson	
STREET ADDRESS	7007 SEA WORLD DRIVE	13 STREET ADDRESS	2140 Fairmont Circle	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32837	
TITLE	VD	21 TITLE	PD	☑ Change ☐ Addition
NAME	O'BRIEN, NANCY	22 NAME	Nancy O'Brien	
STREET ADDRESS	4104 L. B. MCLEOND RD	23 STREET ADDRESS	11821 South OBT	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 3283 37	
TITLE	VP	31 TITLE	VP DOC ROOE	☐ Change ☑ Addition
NAME	SHERMAN, LINDA	32 NAME		
STREET ADDRESS	3327 BARTLETT BLVD.	33 STREET ADDRESS	7512 Dr. Phillips Blvd Bld 50, # 285	
CITY ST ZIP	ORLANDO FL 32811	34 CITY ST ZIP	Orlando, FL 32819	
TITLE	TD	41 TITLE	VD	☐ Change ☑ Addition
NAME	KAPLIN, MIKE	42 NAME	Terry Belikoff	
STREET ADDRESS	411 HAMES AVE.	43 STREET ADDRESS	7101 Presidents Drive # 210	
CITY ST ZIP	ORLANDO FL 32805	44 CITY ST ZIP	Orlando, FL 32809	
TITLE	SD	51 TITLE	TD	☑ Change ☐ Addition
NAME	SCOVIC, PATTI	52 NAME	Patti Susko	
STREET ADDRESS	129 W. CHURCH ST.	53 STREET ADDRESS	~~7101 Presidents Drive # 210~~ 129 W Church St	
CITY ST ZIP	ORLANDO FL 32801	54 CITY ST ZIP	~~Orlando, FL 32809~~ Orlando, FL 32801	
TITLE	VD	61 TITLE	SD	~~☐ Change~~ ☑ Addition
NAME	BROWNELL, BONNIE	62 NAME	Phyllis Curley	
STREET ADDRESS	7208 SAND LAKE ROAD	63 STREET ADDRESS	Cypress Gardens	
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	Cypress Gardens, FL 33884	

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)(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: Patti Susko — 5/8/95 — 407-422-2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034490