

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 # 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



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

05/04/1983

3a. Date of Last Report

05/11/1995

4. FEI Number

59-2372777

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

STATON, ATHENA
9753 S. ORANGE BLOSSOM TR.
SUITE 211 101
ORLANDO FL 32837

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 101

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

Athena Staton
Signature, typed or printed name of registered agent; and title if applicable

Athena Staton

(NOTE: Registered Agent signature required when reinstating)

4-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
VD	JOHNSON, KIM	2148 FAIRMONT CIRCLE	ORLANDO FL	<input checked="" type="checkbox"/>
PD	OBRIEN, NANCY	11821 S OBT	ORLANDO FL	<input checked="" type="checkbox"/>
VP	RODE, DOC	7512 DR PHILLIPS BLVD. 50-285	ORLANDO FL	<input type="checkbox"/>
VD	BELIKOFF, TERRY	7101 PRESIDENTS DRIVE #210	ORLANDO FL	<input checked="" type="checkbox"/>
TD	SUSKO, PATTI	129 W CHURCH STREET	ORLANDO FL	<input type="checkbox"/>
SD	CURLEY, PHYLLIS	CYPRESS GARDENS	CYPRESS GARDENS FL	<input checked="" type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	Brownell, Bonnie	7208 Sandlake Road #300	Orlando, FL 32819	<input type="checkbox"/>
SD	Sible, Pam	250 So. Orange Ave, #120	Orlando, FL 32801	<input checked="" type="checkbox"/>
VD	Andrew Palka	7208 Sandlake Road #300	Orlando, FL 32819	<input type="checkbox"/>
VD	Debra Ray	7600 Dr. Phillips Blvd	Orlando, FL 32819	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Pam Sible
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pam Sible

4/30/96

DATE

850-0400

Daytime Phone #

CR2E037 (12/95)