

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

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

05/01/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME BROWNELL, BONNIE
STREET ADDRESS 7208 SANDLAKE RD #300
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME ~~Proposed~~ Michael stahl
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME DIBLE, PAM
STREET ADDRESS 250 S ORANGE AVE @120
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME TD Joy Valha
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME RODE, DOC
STREET ADDRESS 7612 DR PHILLIPS BLVD. 50-285
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME VP Missi Hille
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME RAY, DEBRA
STREET ADDRESS 7600 DR PHILLIPS BLVD
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~TS PD~~ ☐ DELETE
NAME SUSKO, PATTI
STREET ADDRESS 129 W CHURCH STREET
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME PALKA, ANDREA
STREET ADDRESS 7208 SANDLAKE RD #300
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (497)