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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 768608 (2)

1. Corporation Name

PRUPAC ACTIVITY COMMITTEE EMPLOYEE RECREATIONAL
SERVICES, INC.

Principal Place of Business

Mailing Address

901 N LAKE DESTINY
STE 220
MAITLAND FL 32751
US

901 N LAKE DESTINY RD. #220
P.O. BOX 945901
MAITLAND FL 32794-5901
US



3. Date Incorporated or Qualified
05/24/1983

3a. Date of Last Report
03/13/1996

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

4. FEI Number
22-2053189

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, THOMAS E
4408 BAYBREEZE RD
ORLANDO FL 32808

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 STD ☐ DELETE
NAME MONAHAN, R
STREET ADDRESS 151 HUNTERS TRL
CITY-ST-ZIP LONGWOOD FL

11 TITLE STD ☒ Change ☐ Addition
12 NAME LAYNE, SHARON
13 STREET ADDRESS 6625 SAINT PARTIN PLACE
14 CITY-ST-ZIP ORLANDO, FL 32812

TITLE PD ☐ DELETE
NAME DAMMICH, JAMES R.
STREET ADDRESS 7220 WESTPOINTE BLVD #1417
CITY-ST-ZIP ORLANDO FL

21 TITLE PD ☒ Change ☐ Addition
22 NAME LENDOIRO, LOURDES
23 STREET ADDRESS 8226 SUMPTER COURT
24 CITY-ST-ZIP ORLANDO, FL 32822

TITLE D ☐ DELETE
NAME BROWN, JEAN
STREET ADDRESS 2705 ABALONE BLVD
CITY-ST-ZIP ORLANDO FL

31 TITLE D ☒ Change ☐ Addition
32 NAME SOLDANO, CONNIE
33 STREET ADDRESS 1415 HEARTHSTONE LANE
34 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D ☐ DELETE
NAME MANZI, WILLIAM
STREET ADDRESS 516 WOODVIEW DRIVE
CITY-ST-ZIP LONGWOOD FL

41 TITLE D ☒ Change ☐ Addition
42 NAME CLEAVELAND, E'LONA
43 STREET ADDRESS 986 CASA DELSOL CR.
44 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ DELETE
NAME LANGE, L
STREET ADDRESS 8432 IVEY WOOD AVE
CITY-ST-ZIP ORLANDO FL

51 TITLE D ☒ Change ☐ Addition
52 NAME LUCAS, JANET
53 STREET ADDRESS 105 LILAC LANE
54 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D ☐ DELETE
NAME FEDELE, TAMMY
STREET ADDRESS 2515 ABNEY AVE
CITY-ST-ZIP ORLANDO FL

61 TITLE D ☒ Change ☐ Addition
62 NAME SCOTT, DEBBIE
63 STREET ADDRESS 2525 SUSANDAY DRIVE
64 CITY-ST-ZIP ORLANDO, FL 32812

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.

SIGNATURE:

Sharon Layne

2-13-97

407 661-7623

CR2E037 (9/96)