

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90069 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 768608**

1. Corporation Name

**PRUPAC ACTIVITY COMMITTEE EMPLOYEE RECREATIONAL SERVICES, INC.**

Principal Place of Business

**901 N LAKE DESTINY**  
**STE 220**  
**MAITLAND FL 32751**  
**US**

Mailing Address

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/24/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2053189	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent

**CONNER, THOMAS E**  
**4408 BAYBREEZE RD**  
**ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 617.0502, Florida Statutes.

SIGNATURE

*Thomas E Conner*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/8/99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FEDELE, TAMMY			1.2 NAME	MARY F. LEHTONEN		
STREET ADDRESS	2515 ABNEY AVENUE			1.3 STREET ADDRESS	2723 ROSE MOSS LANE		
CITY-ST-ZIP	ORLANDO FL 32833			1.4 CITY-ST-ZIP	ORLANDO, FL 32807		
TITLE	D-	<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENDIRO, LOURDES			2.2 NAME	LENDIRO, LOURDES		
STREET ADDRESS	8226 SUMPTER CT			2.3 STREET ADDRESS	8226 SUMPTER CT.		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO, FL 32822		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONNER, TOM			3.2 NAME	Todd Hyland		
STREET ADDRESS	4408 BAYBREEZE ROAD			3.3 STREET ADDRESS	701 POLE LAKE PL #315		
CITY-ST-ZIP	ORLANDO FL 32808			3.4 CITY-ST-ZIP	Apopka FL 32703		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

*Thomas E Conner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

407 661 7623

Daytime Phone #

CR2E037 (11/98)