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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N03935 (6)

1. Corporation Name
CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C. U., INC.

Principal Place of Business	Mailing Address
C/O JOSEPH H. BAKER 400 E. CENTRAL BLVD. ORLANDO FL 32801	C/O JOSEPH H. BAKER 400 E. CENTRAL BLVD. ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2737706 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BAKER, JOSEPH H.
400 E. CENTRAL BLVD.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	TURNER, DEBORAH	1.2 NAME	Roe, Terrell
STREET ADDRESS	4500 SAILBREEZE CT.	1.3 STREET ADDRESS	124 Glen Eagle Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	PD	2.1 TITLE	D ☒ Change ☐ Addition
NAME	VOELPEL, JOHN	2.2 NAME	Voelpel, John
STREET ADDRESS	220 LUCIEN WAY	2.3 STREET ADDRESS	220 Lucien Way
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland, FL 32754
TITLE	VPD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	O'REILLY, THOMAS	3.2 NAME	O'Reilly, Thomas
STREET ADDRESS	848 TIMBERLAND TRL.	3.3 STREET ADDRESS	848 Timberland Trail
CITY-ST-ZIP	ALTAMONTE SPGS. FL	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32712
TITLE	SD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	HAWKINS, MICHAEL	4.2 NAME	Hawkins, Michael
STREET ADDRESS	2001 BASIL DR.	4.3 STREET ADDRESS	2001 Basil Drive
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	TD	5.1 TITLE	SD ☒ Change ☐ Addition
NAME	GEISLER, ANN	5.2 NAME	Geisler, Ann
STREET ADDRESS	4625 TINSLEY DR.	5.3 STREET ADDRESS	4625 Tinsley Dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLLOMON, VIVIAN	6.2 NAME	
STREET ADDRESS	1060 MAITLAND CENTER COMMON BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	

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: Ann A Geisler Ann A Geisler 3-10-95 407-841-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004034