SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
97 SEP 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03935 (6)

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

W97-19227

REINSTATEMENT

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

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business
21 c/o Lisa C. Hiser
22 Suite, Apt. #, etc. 222 Church St.
23 City & State Kissimmee FL
24 Zip 34741 25 Country Osceola

2a. Mailing Address
26 c/o Lisa C. Hiser
27 Suite, Apt. #, etc. 1824 Blue Fox Ct
28 City & State Orlando FL
29 Zip 32825 30 Country Orange

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name: Lisa C. Hiser
82 Street Address (P.O. Box Number is Not Acceptable): 1824 Blue Fox Ct.
83
84 City: Orlando FL **FL** 85 Zip Code: 32825

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] Lisa C. Hiser, Treasurer 6/18/97
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	(1) PRESIDENT	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	ROE, TERRELL		1.2 NAME	Lisa C. Hiser	
STREET ADDRESS	724 GLEN EAGLE DR		1.3 STREET ADDRESS	1824 Blue Fox Ct.	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	☒ DELETE	2.1 TITLE	(2) Jeanine Meek V.P.	☐ Change ☒ Addition
NAME	VOELPEL, JOHN		2.2 NAME	P.O. Box 945650	1060 maitland center commons Blvd
STREET ADDRESS	220 LUCIEN WAY		2.3 STREET ADDRESS	maitland FL 32794	maitland FL 32751
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	Richard Brelsford	☐ Change ☒ Addition
NAME	O'REILLY, THOMAS		3.2 NAME	Secretary	437 Hyacinth Ct #103
STREET ADDRESS	648 TIMBERLAND TRL.		3.3 STREET ADDRESS	P.O. Box 948237	altamonte Springs
CITY-ST-ZIP	ALTAMONTE SPGS. FL		3.4 CITY-ST-ZIP	maitland FL 32794	FL 32714
TITLE	VD	☒ DELETE	4.1 TITLE	(5) President elect	☐ Change ☒ Addition
NAME	HAWKINS, MICHAEL		4.2 NAME	Tim Laftin	
STREET ADDRESS	2001 BASIL DR.		4.3 STREET ADDRESS	2300 Maitland Center Parkway #320	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Maitland, FL 32751	
TITLE	SD PAST PRESIDENT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GEISLER, ANN		5.2 NAME	600002307826--8	
STREET ADDRESS	4625 TINSLEY DR.		5.3 STREET ADDRESS	-09/30/97--01055--009	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	****297.50 ****297.50	
TITLE	D	☒ DELETE	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		

CR2E037 (3/96)

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: [signature] Lisa C. Hiser **REQUIRED** 6/18/97 (407) 847-2841 x117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #