

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N04365 (5)

1. Corporation Name

CABLEVISION OF CENTRAL FLORIDA EMPLOYEES POLITICAL ACTION COMMITTEE, INC.

95 FEB 20 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3767 ALL AMERICAN BLVD.
% SPENCER, DAVID
ORLANDO FL 32810-4728
3767 ALL AMERICAN BLVD.
% SPENCER, DAVID
ORLANDO FL 32810-4728

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1984	3a. Date of Last Report 04/18/1994
4. FEI Number 84-0960559	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SPENCER, DAVID
3767 ALL AMERICAN BLVD.
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM H.	1.2 NAME	
STREET ADDRESS	2251 LUCIEN WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PICKETT, DIANE B.	2.2 NAME	
STREET ADDRESS	2251 LUCIEN WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARVILLE, TROY J.	3.2 NAME	
STREET ADDRESS	720 MAGNOLIA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL	3.4 CITY - ST - ZIP	
TITLE	DTV	4.1 TITLE	☐ Change ☐ Addition
NAME	SPENCER, DAVID	4.2 NAME	
STREET ADDRESS	3767 ALL AMERICAN BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(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:

David Spencer

David Spencer

2/17/95

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)