

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N06162 (4)

1. Corporation Name

FLORIDA MU ALUMNI ASSOCIATION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 196722  
WINTER SPRINGS FL 32719

POST OFFICE BOX 196722  
WINTER SPRINGS FL 32719

3. Date Incorporated or Qualified  
11/14/1984

3a. Date of Last Report  
08/15/1995

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  
59-2752546

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

SWEENEY, SCOTT  
6025A CASA PARK CRCL  
WINTER SPRINGS FL 32708

81 Name  
SWEENEY, SCOTT

82 Street Address (P.O. Box Number is Not Acceptable)  
6025A CASA PARK CRCL

83

84 City  
WINTER SPRINGS,

FL

85 Zip Code  
32708

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

TITLE P ☐ DELETE

NAME BLISS, ROBERT  
STREET ADDRESS 1492 CASA PARK CIRCLE  
CITY - ST - ZIP WINTER SPRINGS FL 32708

TITLE VD ☐ DELETE

NAME OSBOURNE, DOUGLAS  
STREET ADDRESS 622 PEARL RD  
CITY - ST - ZIP WINTER SPRINGS FL

TITLE T ☐ DELETE

NAME SWEENEY, SCOTT  
STREET ADDRESS 602A CASA PARK CRCL  
CITY - ST - ZIP WINTER SPRINGS FL 32708

TITLE S ☐ DELETE

NAME COLL, JAIME  
STREET ADDRESS 5872 SUNDOWN CRCL  
CITY - ST - ZIP ORLANDO FL 32822

TITLE D ☐ DELETE

NAME KNISEL, PATRICK  
STREET ADDRESS 1803 KAMLER AVE  
CITY - ST - ZIP ORLANDO FL 32817

TITLE D ☐ DELETE

NAME SCHUCKMAN, EDWARD  
STREET ADDRESS 603 CALIBRE CREST PKWY  
CITY - ST - ZIP ALTAMONTE SPRINGS FL 32714

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

same

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

same

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

same

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SECRETARY  
CATLEDGE, LEE  
1755 LUNDALE BLVD.  
MAITLAND, FL 32751

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

same

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

same

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: Scott L. Sweeney Scott L. Sweeney, Treasurer 1/14/96 (407) 365-4303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)