


FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06162 (4)

1. Corporation Name

FLORIDA MU ALUMNI ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**POST OFFICE BOX 186722
WINTER SPRINGS FL 32719**

**POST OFFICE BOX 186722
WINTER SPRINGS FL 32719-6722**

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
01/29/1996

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
602A CASA PARK CRCL
WINTER SPRINGS FL 32708**

81 Name **Scott Sweeney**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **235 Broadmoor Rd.**

84 City **Lake Mary, FL** **85** Zip Code **32746**

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 *Scott L. Sweeney* **Scott L. Sweeney, President**

1/18/97

Signature, typed and 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 **P** ☐ DELETE
NAME **BLISS, ROBERT**
STREET ADDRESS **1492 CASA PARK CIRCLE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

1.1 TITLE **President (D)** ☒ Change ☐ Addition
1.2 NAME **Scott Sweeney**
1.3 STREET ADDRESS **235 Broadmoor Rd.**
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **VD** ☐ DELETE
NAME **OSBOURNE, DOUGLAS**
STREET ADDRESS **622 PEARL RD**
CITY-ST-ZIP **WINTER SPRINGS FL**

2.1 TITLE **Vice-President (D)** ☐ Change ☐ Addition
2.2 NAME **Doug Osbourne**
2.3 STREET ADDRESS **622 Pearl Rd.**
2.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **T** ☐ DELETE
NAME **SWEENEY, SCOTT**
STREET ADDRESS **602A CASA PARK CRCL**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

3.1 TITLE **Treasurer (D)** ☐ Change ☒ Addition
3.2 NAME **Don Doyle**
3.3 STREET ADDRESS **1000 Guffside Dr.**
3.4 CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **S** ☐ DELETE
NAME **CATLEDGE, LEE**
STREET ADDRESS **1000 LUNDALE BLVD**
CITY-ST-ZIP **MAITLAND FL**

4.1 TITLE **Secretary** ☐ Change ☒ Addition
4.2 NAME **Dale Thompson**
4.3 STREET ADDRESS **725 Haden Ln.**
4.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **D** ☐ DELETE
NAME **KNISEL, PATRICK**
STREET ADDRESS **1803 KAMLER AVE**
CITY-ST-ZIP **ORLANDO FL 32817**

5.1 TITLE **Member-At-Large** ☒ Change ☐ Addition
5.2 NAME **Robert Bliss**
5.3 STREET ADDRESS **912 Cypresswood Ct.**
5.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **D** ☐ DELETE
NAME **SCHUCKMAN, EDWARD**
STREET ADDRESS **603 CALIBRE CREST PKWY**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

6.1 TITLE **Member-At-Large** ☐ Change ☒ Addition
6.2 NAME **Karl Weiss**
6.3 STREET ADDRESS **9437 Greystoke Ln.**
6.4 CITY-ST-ZIP **Orlando, FL 32817**

14. I do 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.

CR2E037 (9/96)