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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07874 (3)

1. Corporation Name

CENTRAL FLORIDA 10-13 CLUB, INC.

Principal Place of Business

C/O ARTHUR ADDEO
1320 QUAIL CT
ORLANDO FL 32828
US

Mailing Address

1320 QUAIL CT
ORLANDO FL 32828
US3. Date Incorporated or Qualified
02/28/19853a. Date of Last Report
02/29/1996

2. Principal Place of Business

21 Suite Mr. Arthur Addeo
22 13020 Quail Ct.
23 Orlando, FL 32828
24 City

2a. Mailing Address

26 Mr. Arthur Addeo
27 13020 Quail Ct.
28 Orlando, FL 32828
29 Zip

4. FEI Number

59-2502645

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

WILLIAM J. MCCUSKER
1250 LAKE ROGERS CIRCLE
OVIEDO FL 32765

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ADDEO, ARTHUR
STREET ADDRESS 13020 QUAIL CT
CITY - ST - ZIP ORLANDO FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE S ☐ DELETE
NAME BROWN, BRUCE
STREET ADDRESS 5761 GOLDENWOOD DR
CITY - ST - ZIP ORLANDO FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE T ☐ DELETE
NAME HARRIS, ANDY
STREET ADDRESS 3313 BERRIDGE LANE
CITY - ST - ZIP ORLANDO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME GOLAS, STAN
STREET ADDRESS 321 DORCHESTER CT
CITY - ST - ZIP LONGWOOD FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME DICEMBRE, JOHN
STREET ADDRESS 1785 E CHERYL DR
CITY - ST - ZIP WINTER PARK FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME MCCUSKER, WILLIAM
STREET ADDRESS 1250 LAKE ROGERS CIR
CITY - ST - ZIP OVIEDO FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077887

CR2E037 (9/96)