

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12563 (5) 1. Corporation Name HOLDEN AVENUE INTER-NEIGHBORHOOD COUNCIL, INC.			
Principal Place of Business 230 GREENWAY MONROVE P O BOX 568412 ORLANDO FL 32856-8412 US		Mailing Address O/K GLENITA HONAKER P O BOX 568412 ORLANDO FL 32856-8412 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 11/21/1985		3a. Date of Last Report 04/28/1995	
4. FEI Number 59-2661919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent XAGAR ROBERT K X886 SILVERA DR XORLANDO FL 32809		10. Name and Address of New Registered Agent 81 Name Robert E. Wilkins, Jr. Dittmer, Wohlust & Wilkins, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 230 Lookout Place 83 84 City Maitland, FL 85 Zip Code 32794-1690	
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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. Rand Click SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/29/96			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP CD CLICK, DORIS 228 DOOLITTLE AVE ORLANDO FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP VD WORTHEN, JAMES 4655 CASA GRANDE COURT ORLANDO FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP SD YOUNG, ED 4402 BRANDIES AVE ORLANDO FL <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HONAKER, GLENITA R 3819 BRADLEY AVE. ORLANDO FL <input checked="" type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP D XHAUGHNESSY KEVIN X886 SILVERA DR XORLANDO FL X <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE CD 1.2 NAME Lajoie, Don 1.3 STREET ADDRESS 4604 South Shore Drive 1.4 CITY-ST-ZIP Orlando, FL 32839 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE TD 4.2 NAME Click, Doris 4.3 STREET ADDRESS 228 Doolittle Street 4.4 CITY-ST-ZIP Orlando, FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. Rand Click SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/29/96 (407)859-7410 EX2044			

CR2E037 (12/95)