FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 10: 17

DOCUMENT # N12570 (0)

1. Corporation Name
VALENTINE CHARITY BALL, INC.

Principal Place of Business
P.O. BOX 423665. N/A
KISSIMMEE FL 34742-3665
US

Mailing Address
P.O. BOX 423665. N/A
KISSIMMEE FL 34742-3665
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1985
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2612477 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

9. Name and Address of Current Registered Agent
RITCH, JOHN B.
100 CHURCH STREET
KISSIMMEE FL 32741

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HEYWARD, SUZANNAH C.	1.2 NAME	DOLL, DEBORAH	
STREET ADDRESS	5330 ALLIGATOR LAKE RD.	1.3 STREET ADDRESS	3581 PLEASANT HILL Rd	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DOLL, DEBORAH	2.2 NAME	LEE, SCOTT	
STREET ADDRESS	3581 PLEASANT HILL RD.	2.3 STREET ADDRESS	2261 MAIN SAIL COVE	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34746	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	ARRINGTON, MARY JANE	3.2 NAME		
STREET ADDRESS	1765 BIG OAK LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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: M. J. Arrington — Mary Jane Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan. 23 — Daytime Phone #: 407-847-7113 / 846-2237