

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12570** (0)

1. Corporation Name

VALENTINE CHARITY BALL, INC.

FILED

97 MAR -3 AM 8:18

SECRETARY OF STATE



REINSTATEMENT 110-97

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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/17/1985	3a. Date of Last Report 01/31/1995
21	26	4. FEI Number 59-2612477	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 John B. Ritch John B. Ritch 2/25/97
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	Chairman
NAME	DOLL, DEBORAH	1.2 NAME	Tommy Tompkins
STREET ADDRESS	3581 PLEASANT HILL RD	1.3 STREET ADDRESS	1731 Boggy Creek Rd
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	VD	2.1 TITLE	Jane Singleton
NAME	LEE, SCOTT	2.2 NAME	Jane Singleton
STREET ADDRESS	2261 MAIL SAIL COVE	2.3 STREET ADDRESS	1795 Big Oak Lane
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	TD	3.1 TITLE	Jeannine Ferrara
NAME	ARRINGTON, MARY JANE	3.2 NAME	Jeannine Ferrara
STREET ADDRESS	1785 BIG OAK LANE	3.3 STREET ADDRESS	669 Adriane Pk Cr.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: My Arrington **SIGNATURE REQUIRED** Dec. 17, 1996 407-846-2239
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #