

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12852

(2)

1. Corporation Name

AUTHORS IN THE PARK, INC.

Principal Place of Business

P.O. BOX 85
WINTER PARK FL 32790-0085

Mailing Address

P.O. BOX 85
WINTER PARK FL 32790-0085



3. Date Incorporated or Qualified
12/31/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2620514

Applied For
Not Applicable

22

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLEY, DAVID
1015 N. SOLANDRA DR.
ORLANDO FL 32807-1931

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 NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

PD
FOLEY, DAVID
1015 N. SOLANDRA DR.
ORLANDO FL 32807-1931

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

VD
CAFFREY, KERI
4979 TANGERINE AV
WINTER PARK FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TD
FOLEY, JENNIFER
1015 N. SOLANDRA DR.
ORLANDO FL 32807

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Foley

5-1-96

407 688 4520

Date

Daytime Phone #

CR2E037 (12/95)