

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 043 ****61.25

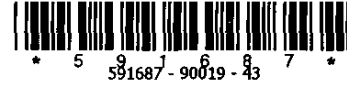
DOCUMENT # N12852 ✓

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/31/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2620514

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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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 ☐ DELETE
NAME **PD**
STREET ADDRESS **FOLEY, DAVID**
CITY-ST-ZIP **1015 N. SOLANDRA DR.**
ORLANDO FL 32807-1931

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CAFFREY, KERI**
CITY-ST-ZIP **4979 TANGERINE AV**
WINTER PARK FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SAME
SAME
236 EDINBURGH DR
WINTER PARK FL 32792
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **FOLEY, JENNIFER**
CITY-ST-ZIP **1015 N. SOLANDRA DR.**
ORLANDO FL 32807

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition
OK

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001247

CR2E037 (5/99)