

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90013 015 \*\*\*\*70.00

0016584

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N16074**

1. Corporation Name

**CENTRAL FLORIDA AIDS UNIFIED RESOURCES, INC.**

439002 - 90013 - 15

Principal Place of Business

**741 W COLONIAL DR  
ORLANDO FL 32804  
US**

Mailing Address

**P O BOX 3725  
ORLANDO FL 32802  
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**

**30**

3. Date Incorporated or Qualified

**07/28/1986**

4. FEI Number

**59-2703003**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**TUCCI, DEBRA J  
741 W COLONIAL DR  
ORLANDO FL 32804**

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

*Debra J. Tucci* Executive Director

**4/20/99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **LOCKLER, JAMES L**  
STREET ADDRESS **411 REDCOAT LANE**  
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **VD** ☐ DELETE  
NAME **PALMER, BOBBY JR**  
STREET ADDRESS **2909 WESTCHESTER AVE**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **SD** ☒ DELETE  
NAME **ENDERLE, DOUGLAS E.**  
STREET ADDRESS **6828 KNIGHTSWOOD DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE  
NAME **HUTCHINSON, WILLIAM JR**  
STREET ADDRESS **1820 SWEETWATER WEST CIR**  
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **EXD** ☐ DELETE  
NAME **TUCCI, DEBRA J**  
STREET ADDRESS **166 SHERIDAN AVE.**  
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE  
NAME **MAXWELL, MARLENE C**  
STREET ADDRESS **415 DAIL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32822**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Sprayberry, Randy**  
1.3 STREET ADDRESS **911 McGregor Way**  
1.4 CITY-ST-ZIP **Maitland, FL 32751**

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

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Lockler, James L**  
3.3 STREET ADDRESS **411 Redcoat Lane**  
3.4 CITY-ST-ZIP **Orlando, FL 32825**

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

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

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

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 2 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Randy Sprayberry* RANDY SPRAYBERRY

**4/21/99**

**407-872-7773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)