

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 # **N23714** (1)

1. Corporation Name

SNOWBABIES, INC.



Principal Place of Business

Mailing Address

**3365 GRAY FOX COVE
APOPKA FL 32703
US**

**P O BOX 162856
ALTAMONTE SPRINGS FL 32716
US**

3. Date Incorporated or Qualified
12/03/1987

3a. Date of Last Report
02/06/1995

2. Principal Place of Business
21 **NO CHANGE**

2a. Mailing Address
26 **NO CHANGE**

4. FEI Number
59-2865815

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip Country

Zip Country

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEVISON, TAMMY SUE
3365 GRAY FOX COVE
SUITE 2600
APOPKA FL 32703**

81 Name **NO CHANGE**
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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Tammy Sevison

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **GARBER, LON PASTOR**
STREET ADDRESS **530 DOGTRACK RD**
CITY-ST-ZIP **LONGWOOD FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **DV** ☒ DELETE
NAME **WEAET, DIANE**
STREET ADDRESS **110 DONNINGTON CT**
CITY-ST-ZIP **LONGWOOD FL**

21 TITLE ☐ Change ☒ Addition
22 NAME **RICK STOCKTON MAY**
23 STREET ADDRESS **POB 1524**
24 CITY-ST-ZIP **ORLANDO FLA. 32802**

TITLE **DT** ☐ DELETE
NAME **DENOVE, SHEILA**
STREET ADDRESS **716 EDMON AVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

31 TITLE ☐ Change ☐ Addition
32 NAME **SHEILA DENOVE DS**
33 STREET ADDRESS **135 TRAILWINDS RD.**
34 CITY-ST-ZIP **WINTER SPRING FLA. 32708**

TITLE **DS** ☒ DELETE
NAME **DEY, SUE**
STREET ADDRESS **5435 JUSTINE**
CITY-ST-ZIP **WINTER PARK FL**

41 TITLE ☐ Change ☐ Addition
42 NAME **TAMMY SEVISON DT**
43 STREET ADDRESS **3365 GRAY FOX COVE**
44 CITY-ST-ZIP **APOPKA FLA 32703**

TITLE **D** ☐ DELETE
NAME **ALEXANDER, GREGOR**
STREET ADDRESS **92 W MILLER AVE**
CITY-ST-ZIP **ORLANDO FL**

51 TITLE ☐ Change ☐ Addition
52 NAME **VICE PRESIDENT**
53 STREET ADDRESS **DR. GREGOR ALEXANDER**
54 CITY-ST-ZIP **92 W. MILLER AVE**
ORLANDO FLA. 32806

TITLE **D** ☒ DELETE
NAME **STROLLO, CYNTHIA**
STREET ADDRESS **58 IVANHOE BLVD**
CITY-ST-ZIP **ORLANDO FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: **Executive Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)