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
99 NOV 15 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

020613

DOCUMENT # **N23783**

1. Corporation Name
ORLANDO CARNIVAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1828 COLUMBINE DRIVE ORLANDO FL 32818 US Delete	1828 COLUMBINE DRIVE ORLANDO FL 32818 US

REINSTATEMENT 99

2. Principal Place of Business	2a. Mailing Address
21 Julia O'Connor	26 Julia O'Connor.
Suite, Apt. #, etc. 22 1668 Silver Crown Ct.	Suite, Apt. #, etc. 27 1668 Silver Crown Ct.
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip 24 32818 Country 25 USA.	Zip 29 32818 Country 30 USA

3. Date Incorporated or Qualified: 12/08/1987

4. FEI Number: NOT APPLICABLE ☐ 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

GUMBS, GLORIA C
1828 COLUMBINE DR
ORLANDO FL 32818
Delete

10. Name and Address of New Registered Agent

81 Name: Julia O'Connor
82 Street Address (P.O. Box Number is Not Acceptable): 1668 Silver Crown Court
83
84 City: Orlando FL 85 Zip Code: 32818

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: Julia O'Connor — Julia O'Connor — 11/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	Julia O'Connor. ☒ Change ☐ Addition
NAME	CHANDLER-GUMBS, GLORIA		1.2 NAME	
STREET ADDRESS	1828 COLUMBINE DRIVE		1.3 STREET ADDRESS	1668 Silver Crown Ct (President)
CITY-ST-ZIP	ORLANDO FL 32818		1.4 CITY-ST-ZIP	Orlando, Fla 32818 (D)
TITLE	VPD	☒ DELETE	2.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	YATES, RICHARD		2.2 NAME	Johnson Gilbert
STREET ADDRESS	1404 PINELANE RD		2.3 STREET ADDRESS	485 Suite Street (D)
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CITY-ST-ZIP	Orlando, Fl. 32819
TITLE	TD	☒ DELETE	3.1 TITLE	Treasurer. ☒ Change ☐ Addition
NAME	BRIZAN, MAUREEN		3.2 NAME	Sharon Letalon
STREET ADDRESS	4732 BEACON STREET		3.3 STREET ADDRESS	238 Burned Pl. (D)
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP	Orlando, Fl. 32765
TITLE	S	☒ DELETE	4.1 TITLE	S. ☒ Change ☐ Addition
NAME	FITZGERALD, THOMAS		4. 2 NAME	Allan Harris.
STREET ADDRESS	2291 OSHKOSH CT		4.3 STREET ADDRESS	1001 Santa Anita
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, Fl 32818
TITLE	AS	☒ DELETE	5.1 TITLE	A.S. ☒ Change ☐ Addition
NAME	CORDNER, MERVYN		5.2 NAME	Marcia Headley (TS)
STREET ADDRESS	4401 COLBERT CT		5.3 STREET ADDRESS	1065 Vickers Lake Rd
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Ocoee, Fl. 32761
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	200003058552--3
STREET ADDRESS			6.3 STREET ADDRESS	-12/02/99--01037--009
CITY-ST-ZIP			6.4 CITY-ST-ZIP	****236.25 ****236.25

CR2E037 (5/99)

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: Julia O'Connor **SIGNATURE REQUIRED** — 9/20/99 — 407-287-4597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #