

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 # N25339 (5)

1. Corporation Name

THE ASSOCIATION TO PRESERVE THE EATONVILLE COMMUNITY, INC.



Principal Place of Business

227 E KENNEDY BLVD.
P.O. BOX 2586
EATONVILLE FL 32751

Mailing Address

227 E KENNEDY BLVD.
P.O. BOX 2586
EATONVILLE FL 32751

3. Date Incorporated or Qualified
03/10/1988

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2952662

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NADHIRI, N.Y.
1650 ORANGE AVENUE
WINTER PARK FL

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

TITLE DP
NAME MCWHITE, ERNESTINE
STREET ADDRESS 269 ARMADOR CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME KULASH, WALTER
STREET ADDRESS 834 TOWN CIRCLE
CITY-ST-ZIP MAITLAND FL ☐ DELETE

TITLE D
NAME DOPPELT, AVA
STREET ADDRESS 541 MELROSE AVE
CITY-ST-ZIP WINTER PARK FL ☐ DELETE

TITLE D
NAME PRITCHARD, SIBILLE
STREET ADDRESS 401 W COLONIAL DRIVE, SUITE 7
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME PERKINS, M JACKIE
STREET ADDRESS 2009 W CENTRAL BLVD
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE DT
NAME DEXTER, EDDIS
STREET ADDRESS 103 N. WYMORE RD.
CITY-ST-ZIP EATONVILLE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Ernestine E. McWhite Ernestine McWhite

4/15/96 407-647-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)