07201999-90014-040-$61.25-$61.25

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State
07-20-1999 90014 040 ****61.25

DOCUMENT # N25689

1. Corporation Name
COLLEGE PARK WOMENS CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
714 DARTMOUTH STREET ORLANDO FL 32804 US	714 DARTMOUTH STREET ORLANDO FL 32804 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/31/1988

4. FEI Number
59-6143854
☐ 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

FRANK, JACQUELINE
632 SHERIDAN BLVD.
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 Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD D HUMPHRIES, DOLORES 110 HUNTERS TRAIL LONGWOOD FL 32779	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP D BADGER, ALICE 633 LAKE DOT CIR APT 909 ORLANDO FL 32801	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	1VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D FRANK, JACQUELINE 632 SHERIDAN BLVD. ORLANDO FL 32804	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD D BROKAW, JUDY 1601 UTAH BLVD. ORLANDO FL 32803	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2VP D Carmine Salerno 553 Woodview Dr. Longwood, Fl., 32779	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS D HILIPALA, MADGE 4198 SHORECREST DR. ORLANDO FL 32804	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS D LINDSEY, JOANNE 800 BUCKWOOD DR. ORLANDO FL 32806	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CS D Maryln Farris 2411 Eaton Lane Orlando, Fl., 32804	☐ Change ☒ Addition

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: SIGNATURE REQUIRED Dolores S. Humphries 7/16/99 407-425-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #