FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34575 (3)

1. Corporation Name
CENTRAL FLORIDA WORLD CLOWNS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
611 N. MILLS AVE. P. O. BOX 536427 ORLANDO FL 32853-3427	611 N. MILLS AVE. P. O. BOX 536427 ORLANDO FL 32853-3427

3. Date Incorporated or Qualified: 10/03/1989
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2971982 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RACE THOMAS
2271 PEBBLE BEAH BLVD
ORLANDO FL 32826

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT/DIRECTOR	☑ Change ☐ Addition
NAME	MORAN BONNIE	1.2 NAME	MORAN, BONNIE	
STREET ADDRESS	5487 ALANDALE CT	1.3 STREET ADDRESS	5487 ALANDALE CT	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	VPD	2.1 TITLE	VP/DIRECTOR	☑ Change ☐ Addition
NAME	KISTING JACKIE	2.2 NAME	BOONE, PATRICIA	
STREET ADDRESS	6131 WESTGATE DR	2.3 STREET ADDRESS	3118 PICKFAIR ST.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	SD	3.1 TITLE	SECRETARY/DIRECTOR	☑ Change ☐ Addition
NAME	RACE JOAN	3.2 NAME	FARBER, BONNIE	
STREET ADDRESS	2271 PEBBLE BCH BLVD	3.3 STREET ADDRESS	2555 PALM AVE	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	TD	4.1 TITLE	TREASURER/DIRECTOR	☑ Change ☐ Addition
NAME	RACE, THOMAS	4.2 NAME	KNIGHT, DORIS	
STREET ADDRESS	2271 PEBBLE BCH BLVD	4.3 STREET ADDRESS	1544 HEATHER WAY	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	D	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	LYTEL CAROL	5.2 NAME	LYTEL, CAROL	
STREET ADDRESS	312 MONROE AVE	5.3 STREET ADDRESS	312 MONROE AVE	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: [signature] 03/14/95 407-847-6630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DORIS KNIGHT, TREASURER

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