

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 # **N34575** (3)

1. Corporation Name

CENTRAL FLORIDA WORLD CLOWNS, INC.



Principal Place of Business

Mailing Address

611 N. MILLS AVE.
P. O. BOX 536427
ORLANDO FL 32853-6427

611 N. MILLS AVE.
P. O. BOX 536427
ORLANDO FL 32853-6427

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32853-6427

25

29

32853-6427

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RACE THOMAS
2271 PEBBLE BEACH BLVD
ORLANDO FL 32826**

81 Name

F. MICHAEL GALLAGHER

82 Street Address (P.O. Box Number is Not Acceptable)

1312 CHESTNUT CIRCLE

83

84 City

HEATHROW

FL

85

Zip Code
32746-5046

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

F. Michael Gallagher - 1st Vice President & Director

4/12/96

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORAN BONNIE	
STREET ADDRESS	5487 ALANDALE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, PATRICIA	
STREET ADDRESS	3118 PICKFAIR ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SO	<input checked="" type="checkbox"/> DELETE
NAME	FARBER, BONNIE	
STREET ADDRESS	2555 PALM AVE	
CITY-ST-ZIP	OMEDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KNIGHT, DORIS	
STREET ADDRESS	1544 HEATHER WAY	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYTEL, CAROL	
STREET ADDRESS	312 MONROE AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JORDAN, EMILIE	
1.3 STREET ADDRESS	2938 ROUNDABOUT LANE	
1.4 CITY-ST-ZIP	ORLANDO FL 32818	
2.1 TITLE	1ST VP/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	F. MICHAEL GALLAGHER	
2.3 STREET ADDRESS	1312 CHESTNUT CIRCLE	
2.4 CITY-ST-ZIP	HEATHROW FL 32746	
3.1 TITLE	2ND VP/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LUCILLE ELENWUDS	
3.3 STREET ADDRESS	3180 BARBACID COURT	
3.4 CITY-ST-ZIP	APUPKA FL 32709	
4.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DEBBIE COLLARS	
4.3 STREET ADDRESS	3512 FAWN ST.	
4.4 CITY-ST-ZIP	ORLANDO FL 32803	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BONNIE MORAN	
5.3 STREET ADDRESS	5487 ALANDALE COURT	
5.4 CITY-ST-ZIP	ORLANDO FL 32839	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORIS KNIGHT, TREASURER

04/15/96

Date

407-347-6630

Daytime Phone #

CR2E037 (12/95)