

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90034 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34575

1. Corporation Name

CENTRAL FLORIDA WORLD CLOWNS, INC.

Principal Place of Business

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

Mailing Address

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



153324 90034 11 4 *

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/03/1989

4. FEI Number

59-2971982

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

GALLAGHER, F. MICHAEL
1312 CHESTWOOD COVE
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name **ELLENWOOD LUCILLE**
82 Street Address (P.O. Box Number is Not Acceptable)
3180 BARBADOS COURT
83
84 City **APOKA** FL 85 Zip Code **32763**

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: *Lucille Ellenwood*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLENWOOD, LUCILLE	
STREET ADDRESS	3180 BARBADOS CT	
CITY-ST-ZIP	APOKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	RASMUSSEN, BARBARA	
STREET ADDRESS	1856 ALBERT LEE PKWY	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	IGO, ELLA	
STREET ADDRESS	173 WILLOW AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, F MICHAEL	
STREET ADDRESS	1312 CHESTWOOD COVE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDAN, EMILIE	
STREET ADDRESS	2938 ROUNDABOUT LN	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, PATRICIA	
STREET ADDRESS	3118 MCKFAIR ST	
CITY-ST-ZIP	ORLANDO FL 32803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	TERRY, BILL
2.4 CITY-ST-ZIP	696 BERWICK DRIVE WINTER PARK FL 32792
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	SANGREY, CAROLYN
4.4 CITY-ST-ZIP	3306 PERSHING AVE ORLANDO FL 32806
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	KAPLAN, GERALDINE
6.4 CITY-ST-ZIP	536 W 22 ORANGE DRIVE ALTAMONTE SPRINGS FL 32701

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

407-767-0605

CR2E037 (1/98)