

**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 # **N37240** (1)

1. Corporation Name

**WINTER PARK IMPROVEMENT FOUNDATION, INC.**



Principal Place of Business

Mailing Address

150 N. NEW YORK AVE.  
P.O. BOX 280  
WINTER PARK FL 32790

150 N. NEW YORK AVE.  
P.O. BOX 280  
WINTER PARK FL 32790

3. Date Incorporated or Qualified **03/26/1990** 3a. Date of Last Report **04/04/1995**

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	25	29	30

4. FEI Number	Applied For
<b>59-3035266</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALTON, DON**  
150 N. NEW YORK AVE.  
WINTER PARK FL 32789

81 Name	<b>DAVID NELSON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>150 N. NEW YORK AVENUE</b>
83	
84 City	<b>WINTER PARK FL</b>
85 Zip Code	<b>32789</b>

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEITNER, ROBERT</b>	1.2 NAME	<b>DAVID NELSON</b>
STREET ADDRESS	<b>250 PARK AVE., S.</b>	1.3 STREET ADDRESS	<b>150 N. NEW YORK AVENUE</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
TITLE	<b>PSD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DALTON, DON</b>	2.2 NAME	<b>RICHARD STRAUSS</b>
STREET ADDRESS	<b>150 N. NEW YORK AVE.</b>	2.3 STREET ADDRESS	<b>122 PARK AVENUE S.</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACHA, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>201 N. NEW YORK AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYKIN, SHIRLEY</b>	4.2 NAME	<b>JOHN DOWD</b>
STREET ADDRESS	<b>2512 W. COLONIAL DRIVE</b>	4.3 STREET ADDRESS	<b>319 PARK AVENUE S.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	4.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>JIM FERRELL</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1400 W. FAIRBANKS AVE., STE 102</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **DAVID NELSON** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (407) 644-8281  
Date Daytime Phone #

CR2E037 (12/95)