

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **N39591** (5)  
1. Corporation Name

95 JAN 23 AM 8:58

VARIETY CLUB OF ORLANDO, INC.

Principal Place of Business Mailing Address  
755 WOODSIDE RD. 755 WOODSIDE RD.  
MATLAND FL 32751 MATLAND FL 32751  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report  
08/20/1990 02/25/1994

4. FEI Number Applied For  
59-3030272 Not Applicable

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

10. Name and Address of New Registered Agent

EMORY, H. H.  
755 WOODSIDE RD.  
MATLAND FL 32751

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	JDUGE, SONDR
STREET ADDRESS	8096 CAYON LARE CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	DVP
NAME	ELLIS, BILL
STREET ADDRESS	2224 DOE CROSSING COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	EMORY, HUNT
STREET ADDRESS	755 WOODSIDE RD.
CITY-ST-ZIP	MATLAND FL
TITLE	D
NAME	SNYDER, BETTE
STREET ADDRESS	2943 EAGLE LARE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	TURNER, THOMAS W.
STREET ADDRESS	4800 S ST BRIDGES
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELLIS, Bill	
1.3 STREET ADDRESS	2224 DOE CROSSING CT.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALDERMAN, BETTY	
2.3 STREET ADDRESS	676 SAINT JOHN ST.	
2.4 CITY-ST-ZIP	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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANSEL, DOTTIE	
5.3 STREET ADDRESS	8099 CAYON LAKE CIRCLE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32837	
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 110.07(3)(4), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. H. Emory* H. H. EMORY 1/14/95 647-0027  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)