

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39591 (5)
1. Corporation Name
VARIETY CLUB OF ORLANDO, INC.



Principal Place of Business 735 WOODSIDE RD. MAITLAND FL 32751- US	Mailing Address 735 WOODSIDE RD. MAITLAND FL 32751-5138 US
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3. Date Incorporated or Qualified 08/20/1990	3a. Date of Last Report 08/07/1996
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2. Principal Place of Business 21 3905 E1 Rey Road Suite, Apt. #, etc.	2a. Mailing Address 26 3905 E1 Rey Road Suite, Apt. #, etc.
22 City & State 23 Orlando, Fl	27 City & State 28 Orlando, Fl
24 Zip 32808-7917 25 Country USA	29 Zip 32808-7917 30 Country USA

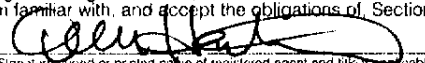
4. FEI Number 59-3030272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WINTERS, ROBERT D.
520 N SEMORAN BLVD.
SUITE 222
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name Debra Hartman
82 Street Address (P.O. Box Number is Not Acceptable) 3905 E1 Rey Road
83
84 City Orlando FL 85 Zip Code 32808-7917

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  **DEBRA HARTMAN, President** 02/19/97
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 P	<input checked="" type="checkbox"/> DELETE
NAME ELLIS, BILL	
STREET ADDRESS 2224 DOE CROSSING CT.	
CITY - ST - ZIP ORLANDO FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME GILL, ROGER	
STREET ADDRESS 2014 E ESTHER ST.	
CITY - ST - ZIP ORLANDO FL 32806	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME WINTERS, ROBERT D	
STREET ADDRESS 520 N SEMORAN BLVD. SUITE 222	
CITY - ST - ZIP ORLANDO FL 32807	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SNYDER, BETTE	
STREET ADDRESS 2943 EAGLE LARE DR.	
CITY - ST - ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ANSEL, DOTTIE	
STREET ADDRESS 8099 CANYON LAKE CIRCLE	
CITY - ST - ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Debra Hartman	
1.3 STREET ADDRESS 3905 E1 Rey Road	
1.4 CITY - ST - ZIP Orlando, Fl 32808-7917	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME D.C. Myers	
3.3 STREET ADDRESS 3365 Evergreen Road	
3.4 CITY - ST - ZIP Zellwood, Fl 32798-9728	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Bill Ellis	
4.3 STREET ADDRESS 2224 Doe Crossing Court	
4.4 CITY - ST - ZIP Orlando, Fl 32837-5335	
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 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 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.

SIGNATURE:  **DEBRA HARTMAN, Pres** 02/19/97 407-298-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014108

CR2E037 (9/96)