FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:16

DOCUMENT # N42136 **(4)**

1. Corporation Name
ORANGE COUNTY VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1412 DOVE DR ORLANDO FL 32803	1412 DOVE DR ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3076959 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 2040 W. CENTRAL BLVD.	26 2040 W. CENTRAL BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FLORIDA	City & State 28 ORLANDO, FLORIDA
Zip 24 32805	Country 25 ORANGE
Zip 29 32805	Country 30 ORANGE

9. Name and Address of Current Registered Agent

ARTHUR, DONALD J.
1412 DOVE DR
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: SIPE JOHN W.
82 Street Address (P.O. Box Number is Not Acceptable): 4027 KINGSBRIDGE DRIVE
83
84 City: ORLANDO FL 85 Zip Code: 32839

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: John W. Sipe JOHN W. SIPE President 2-20-1995
Signature of officer or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstated — DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ARTHUR, DONALD J
STREET ADDRESS	1412 DOVE DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VD
NAME	BARRINEAU, JOHN
STREET ADDRESS	1733 WATER BEACH COURT
CITY-ST-ZIP	APOPKA FL 32701
TITLE	TD
NAME	MCCLINTOCK, ROBERT
STREET ADDRESS	3215 ALBERT STREET
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	D
NAME	SIPE, JOHN W.
STREET ADDRESS	4027 KINGSBRIDGE
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	☒ Change ☐ Addition
12 NAME	SIPE JOHN W.	
13 STREET ADDRESS	4027 KINGSBRIDGE DRIVE	
14 CITY-ST-ZIP	ORLANDO, FL 32839	
21 TITLE	V/D	☒ Change ☐ Addition
22 NAME	STORER WILLIAM JR.	
23 STREET ADDRESS	346 TULANE DRIVE	
24 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 34714	
31 TITLE	T/D	☒ Change ☐ Addition
32 NAME	CLEVEN ELLEN L.	
33 STREET ADDRESS	9972 KENDEL DRIVE	
34 CITY-ST-ZIP	ORLANDO, FL 32817	
41 TITLE	S/D	☒ Change ☐ Addition
42 NAME	MICKELSON FRIEDA	
43 STREET ADDRESS	3818 SUTTON PL. BLVD. Apt 1102	
44 CITY-ST-ZIP	WINTER PARK, FL 32792	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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: John W. Sipe JOHN W. SIPE 2-20-1995 (407) 351-5239
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #