FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996 1-26-96 B

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS C
0374

DOCUMENT # N42136 (4)

1. Corporation Name

ORANGE COUNTY VETERANS ASSOCIATION, INC.

Principal Place of Business
2040 W. CENTRAL BLVD.
ORLANDO FL 32805
US

Mailing Address
2040 W. CENTRAL BLVD
ORLANDO FL 32805
US

3. Date Incorporated or Qualified: 02/18/1991
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-3076959 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIPE, JOHN W
4027 KINSBRIDGE DRIVE
ORLANDO FL 32839

10. Name and Address of New Registered Agent
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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	P	☐ DELETE
NAME	SIPE, JOHN W	
STREET ADDRESS	4027 KINGSBRIDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	STORER, WILLIAM J	
STREET ADDRESS	346 TULANE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	TD	☒ DELETE
NAME	CLEVEN, ELLEN L	
STREET ADDRESS	9972 KENDEL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	MICKELSON, FRIEDA	
STREET ADDRESS	3818 SUTTON PL. BLVD. APT 1102	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	T/D	☒ Change	☐ Addition
3.2 NAME	ROBERT W. MILLER		
3.3 STREET ADDRESS	155 FALLWOOD STREET		
3.4 CITY-ST-ZIP	FERN PARK, FLORIDA32730		
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ 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 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: John W. Sipe JOHN W. SIPE 1-22-96 (407)351-5239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)