

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996-2696



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

0374
(4)

DOCUMENT # N42136

1. Corporation Name

ORANGE COUNTY VETERANS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2040 W. CENTRAL BLVD.
ORLANDO FL 32805
US

2040 W. CENTRAL BLVD
ORLANDO FL 32805
US

2 Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

SIPE, JOHN W
4027 KINSBRIDGE DRIVE
ORLANDO FL 32839

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

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to sign report or other applicable

Signature of Registered Agent, sign only when authorized

DATE

12 OFFICERS AND DIRECTORS

12	P	☐ DELETE
11	SIPE, JOHN W	
12	4027 KINGSBRIDGE DRIVE	
13	ORLANDO FL	
14	VD	☐ DELETE
15	STORER, WILLIAM J	
16	346 TULANE DRIVE	
17	ALTAMONTE SPRINGS FL	
18	TD	☒ DELETE
19	CLEVEN, ELLEN L	
20	9972 KENDEL DRIVE	
21	ORLANDO FL	
22	SD	☐ DELETE
23	MICKELSON, FRIEDA	
24	3818 SUTTON PL. BLVD. APT 1102	
25	WINTER PARK FL	
26		☐ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	☐ Change ☐ Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
15	TITLE	☐ Change ☐ Addition
16	NAME	
17	STREET ADDRESS	
18	CITY, ST, ZIP	
19	TITLE	☒ Change ☐ Addition
20	NAME	T/D
21	STREET ADDRESS	ROBERT W. MILLER
22	CITY, ST, ZIP	155 FALLWOOD STREET
23	TITLE	FERN PARK, FLORIDA 32730
24	NAME	
25	STREET ADDRESS	
26	CITY, ST, ZIP	
27	TITLE	☐ Change ☐ Addition
28	NAME	
29	STREET ADDRESS	
30	CITY, ST, ZIP	
31	TITLE	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	
35	TITLE	☐ Change ☐ Addition
36	NAME	
37	STREET ADDRESS	
38	CITY, ST, ZIP	
39	TITLE	☐ Change ☐ Addition
40	NAME	
41	STREET ADDRESS	
42	CITY, ST, ZIP	
43	TITLE	☐ Change ☐ Addition
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45	STREET ADDRESS	
46	CITY, ST, ZIP	
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79	TITLE	☐ Change ☐ Addition
80	NAME	
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83	TITLE	☐ Change ☐ Addition
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85	STREET ADDRESS	
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87	TITLE	☐ Change ☐ Addition
88	NAME	
89	STREET ADDRESS	
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91	TITLE	☐ Change ☐ Addition
92	NAME	
93	STREET ADDRESS	
94	CITY, ST, ZIP	
95	TITLE	☐ Change ☐ Addition
96	NAME	
97	STREET ADDRESS	
98	CITY, ST, ZIP	
99	TITLE	☐ Change ☐ Addition
100	NAME	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

(407) 351-5239

Date

Daytime Phone #

CR2E037 (12/95)