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Apr 08 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 # **N42136** (4)

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 32805-2128
US



2. Principal Place of Business	2a. Mailing Address
21 2354 FLAMINGO WAY	26 2354 FLAMINGO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 WINTER PARK, FLORIDA	28 WINTER PARK, FLORIDA
Zip	Zip
Country	Country
24 32792	25 U.S.
29 32792	30 U.S.

3. Date Incorporated or Qualified 02/18/1991	3a. Date of Last Report 01/26/1996
4. FEI Number 59-3076959	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIPE, JOHN W
4027 KINSBRIDGE DRIVE
ORLANDO FL 32839

81 Name ROBERTS, TOM
82 Street Address (P.O. Box Number is Not Acceptable) 2354 FLAMINGO WAY
83
84 City WINTER PARK
FL 85 Zip Code 32792

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 *James W. Polanski, Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

02/20/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIPE, JOHN W	1.2 NAME	TOM ROBERTS
STREET ADDRESS	4027 KINGSBRIDGE DRIVE	1.3 STREET ADDRESS	2354 FLAMINGO WAY
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32792
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORER, WILLIAM J	2.2 NAME	MILLER, ROBERT
STREET ADDRESS	948 TULANE DRIVE	2.3 STREET ADDRESS	155 FALLWOOD STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	FERN PARK, FLORIDA 32730
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT W	3.2 NAME	EVERSON, RICHARD
STREET ADDRESS	155 FALLWOOD STREET	3.3 STREET ADDRESS	1000 LEGION PL. #1500
CITY-ST-ZIP	FERN PARK FL	3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32801
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKELSON, FRIEDA	4.2 NAME	
STREET ADDRESS	3818 SUTTON PL. BLVD. APT 1102	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Richard A. Eversen*

CR2E037 (9/96)