

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43686 (7)**  
1. Corporation Name  
**GREATER ORLANDO LEADERSHIP FOUNDATION, INC.**



Principal Place of Business <b>400 E SOUTH ST 101 ORLANDO FL 32801 US</b>	Mailing Address <b>400 E SOUTH ST 101 ORLANDO FL 32801 US</b>
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3. Date Incorporated or Qualified <b>06/04/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-3055348</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>VEERMAN, RALPH V. 400 E SOUTH ST 101 ORLANDO FL 32801</b>
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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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>VEERMAN, RALPH</b>
STREET ADDRESS	<b>400 E. SOUTH STREET SUITE 101</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, JOHN</b>
STREET ADDRESS	<b>707 MAGNOLIA DR</b>
CITY - ST - ZIP	<b>ALTMONTE SPRINGS FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>KREIDER, LARRY</b>
STREET ADDRESS	<b>106 E SOUTH ST</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>PEREZ, LYN</b>
STREET ADDRESS	<b>1015 MAITLAND CENTRE COMMONS</b>
CITY - ST - ZIP	<b>MAITLAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD KREIDER, LARRY</b>
2.3 STREET ADDRESS	<b>106 E CHURCH ST</b>
2.4 CITY - ST - ZIP	<b>ORLANDO FL 32801</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SD DAVIS, DICK</b>
3.3 STREET ADDRESS	<b>1305 KATJUNA CT</b>
3.4 CITY - ST - ZIP	<b>ORLANDO FL 32806</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD GAY, JOHN</b>
4.3 STREET ADDRESS	<b>200 PASADENA PLACE</b>
4.4 CITY - ST - ZIP	<b>ORLANDO FL 32803</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D CAHILL, SCOTT</b>
5.3 STREET ADDRESS	<b>131 PARK LAKE ST</b>
5.4 CITY - ST - ZIP	<b>ORLANDO FL 32803</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D FINDELL, SUSIE</b>
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: Ralph D. Veerman Chr. 3/12/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

N43686

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GALLUP, DAVE  
950 N ORLANDO AVE #150  
WINTER PARK, FL 32789

D  
KORNEGAY, TOM  
ONE PURLIEU PLACE STE 262  
WINTER PARK FL 32792

D  
SUTCLIFFE, JERRY  
315 E ROBINSON ST  
ORLANDO FL 32801

D  
TAUSCHER, HEIDI  
1521 MOUNT VERNON ST  
ORLANDO FL 32803