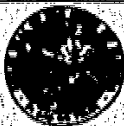


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N46436

(4)

1. Corporation Name

**GREATER CENTRAL FLORIDA INTERNATIONAL AFFAIRS CO
MISSION, INC.**

Principal Place of Business

Mailing Address

**110 E SILVER SPGS BLVD
OCALA FL 34470
US**

**110 E SILVER SPGS BLVD
OCALA FL 34470
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1991

3a. Date of Last Report

05/20/1994

4. FEI Number

59-3107881

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATTLES, BRETT
110 EAST SILVER SPRINGS
~~600 NORTH BROADWAY SUITE 300~~
OCALA FL 32670**

81 Name **WATTLES, BRETT**

82 Street Address (P.O. Box Number is Not Acceptable)

110 E SILVER SPRINGS BLVD

83

84 City **OCALA**

FL

85 Zip Code
34470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BRANTLEY, JAMES C.**
STREET ADDRESS **600 NORTH BROADWAY S-300**
CITY - ST - ZIP **BARTOW FL**

1.1 TITLE **PD**
1.2 NAME **PETER J. TESCH**
1.3 STREET ADDRESS **110 E. SILVER SPRINGS BLVD.**
1.4 CITY - ST - ZIP **OCALA, FL 34470**

TITLE **D**
NAME **WATTLES, BRETT**
STREET ADDRESS **110 EAST SILVER SPRINGS**
CITY - ST - ZIP **OCALA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VD**
NAME **GOSNELL, DARRYL**
STREET ADDRESS **2770 NORTHWEST 43RD ST.**
CITY - ST - ZIP **GAINESVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **SD**
NAME **NEALE, BETTY**
STREET ADDRESS **115 NORTH RIDGEWOOD DR.**
CITY - ST - ZIP **SEBRING FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-95 904 629 2757