FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 COMMISSION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
110 E SILVER SPGS BLVD OCALA FL 34470 US	110 E SILVER SPGS BLVD OCALA FL 34470 US

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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
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. 199.032, Florida Statutes ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BRANTLEY, JAMES C.	1.2 NAME	PETER J. TESCH	
STREET ADDRESS	600 NORTH BROADWAY S-300	1.3 STREET ADDRESS	110 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WATTLES, BRETT	2.2 NAME		
STREET ADDRESS	110 EAST SILVER SPRINGS	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	GOSNELL, DARRYL	3.2 NAME		
STREET ADDRESS	2770 NORTHWEST 43RD ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	NEALE, BETTY	4.2 NAME		
STREET ADDRESS	115 NORTH RIDGEWOOD DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Peter J. Tesch 4-24-95 904 629 2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018344